G. R. S. IX—5]

Previous references 1921-12 (Sanitary)

File No. 6-11

Serial Nos 1-

Later references

Gen 5-24 (1-2)

GENERAL AND REVENUE SECRETARIAT.

Serial Nos.

Part B for July 1922

SUBJECT

Manual of Public Health department in Mysore

No orders

J Sambasiva Rao
L&S
21-9-22

4740

G.R.S. 11] 1901-12

GENERAL AND REVENUE SECRETARIAT.

(Sanitary)

NOTES.

File No. 6-11

FILE HEADING.

Sanitary Code

From

The Sanitary Commissioner

No. 53 Dated 17.5.11 / 4.7.11 Received 5.7.11

Diary No. 106 | Enclos. / | Spare Copies | Serial No. /

BRIEF ABSTRACT OF LETTER.

Submits for approval a draft Sanitary Code

NOTES AND ORDERS.

Rules 1-3 They are in accordance with para 3, cha
1 and ii of Govt. Pro. No 1378-92 dated the 10 Augu
Sam 93-06-8
For the present there is no Deputy Sanitary Comm
Rules 4-12 relate to the duties of the Dy Sanitary
Rule 6 makes a provision for his visits to Anjune

NOTES—First sheet

GPB—15,000—24-4-09.

Serial No.

The Isolation Hospital at Mysore by a general name "Sanitary Hospital" was not approved of by Govt. vide Govt. proc. No. 1579 dated 15-8-0 Sam 168-09-4

S 6 The Columns of the statement appended under rule 20 have not been filled up.

Rule 21. This rule is in accordance with para 3 Cl VII of Govt. proc. No 1378-9 Sam 93-06- dated 10-8-07

X 7) Rules 22 to 25 define the duties of District Sanitary Assistants.

Rule 24 The establishment of one Writer & one peon to the District Sanitary Asst. has not been sanctioned by Govt. as shown in the rule.

8) Rules 26 to 30 define the duties of District Sanitary officers. They are not based on any Govt. order.

9) Rule 29 provides for a laboratory at the Head quarters of each District. But at present sanction has been accorded for the establishment of Health laboratories in the Mysore city and in the Kolar Gold fields. There is a laboratory in the Bangalore city.

10) Rule 30 It is stated that the District Sanitary officers should have an outfit of Rs 30/- per mensem. At present the District Health officers, Mysore

GPB—50,000—12-8-16

Serial No.

is allowed a permanent advance of Rs 20/- and the District Sanitary officer Kudus an advance of Rs 10/- No imprest has been sanctioned to the other District Sanitary officers. The words "per mensem" after Rs 30/- have to be omitted if the rule is retained.

11/ Rule 30 The sanction applied for to the entertainment of a bus can to the District Sanitary officer was declined by Govt. vide, letter No 8967 dated Sen/22-10-2° 1st May 1911, to the Sanitary Commissioner.

12/ Rule 31 is in accordance with Govt. Gen. letter No 9301-19 dated the 8th April 05. Ref 67-03

13/ Rule 32 makes provision for a bench to the Sanitary Inspector, but this has not been sanctioned by Govt.

14/ Rules 32 & 33 lays down the nature of the work and responsibility of the Sanitary Inspectors. Some of the powers proposed to be vested in the Sanitary Inspectors under the rules seem to be too high for an officer of this rank ~~of the Sanitary Inspector~~. The Sanitary Inspectors are under the control of the presidents of the District & Union Boards, who ~~are, if appointed~~ have to be consulted in the matter.

NOTE— Contn. sheet.

GPB—50,000—12-8-10

Serial No.		
2	15/ Rules 35-37	In Govt. pro. No. 347-9 dated Sm 85-09-6 14th July 1910, sanction was accorded to the employment of 2 Hos. Asts. as public vaccinators, as an experimental measure. The word "professional allowance" is perhaps the charge allowance of Rs 10/- per mensem, sanctioned to the public vaccinators in Govt. pro. No. 9633-5 dated 22-5-1911.
	16/ Rule 38	No fees has been sanctioned by Govt. to the public vaccinator as stated in this rule. Sm 33-10-9
	17/ Rules 39 & 42.	It is a question whether the patels should be asked, ~~to~~ act as to this pub. They can hardly procure a table & seat.
	18/ Rule 43	This rule tends to deprive the plague patients of medical aid till the Health Officer receives the information and makes necessary arrangements.
	19/	Rule 46 is almost the same as rule 19.
		Rules 50, 51, 64, 64(a) & 65. The opinion of the Inspector General of Education may be invited as suggestions proposed in these rules relate to schools & Colleges.
	20/ Rule 52	Rule 42 prescribes the maintenance of a register for vaccination for each village, while rule 52 does not make

NOTE— Contn. sheet.

GPB—50,000—12-8-10

Serial No.

any mention of the area to which it refers.

21/ The rule lays down the duty required of the Hospital Assistant in charge of a dispensary outside District Hqrs. nothing has been stated as regards vaccination in District Headquarters

R 22/ Rule 60 This is based on Govt. pro. No 1389-9 Sam 199-09 dated the 1st August 1910.

23/ Rules 67-69 are taken from Cl. 9 para 3 of Govt. pro. No 1378-92 Sam 93-06-8 dated 10.8.07.

X

24/ Rules 70 to 73 & 75 relate to duties & powers of the Sanitary Board.

25/ Rule 74 defines "Sanitary works".

26 The Sanitary Commr has not yet submitted proposals after consultation with the Municipal & District Boards regarding the delegation of duties & powers of to the Central & District Sanitary Boards. Reminders are being issued. Orders have not therefore been passed on the questions (1) that all Sanitary schemes should be forwarded to the Sanitary Commr for opinion and scrutiny and (2) the nature of Sanitary works which require reference to the Sanitary Board.

27/ Rules 76-91. proposals submitted by the Sanitary Commr regarding the status of the public Health dept.

NOTE— Contn. sheet.

GPB—50,000—12-8-10

Serial No.

in the Districts are under consideration of Govt in Sanitary file No. 150 of 1910.

Gl 66 13.7.11 28. Submitted for orders. The opinions of the Dy Commrs of Districts and the Presidents of Municipalities and Dist Fund Boards are necessary before the Code can be finally passed. The Dir of Edn has also to be consulted.

Bbn. 19 14/7/11 29) Rule 8. As pointed out in the office note above, it is not clear what is meant by "district officers" and whether the expression is meant to signify the officers of Deputy Comrs or of district Sanitary officers - The rule should be made more clear.

30) Rule 11 - This rule seems to go further than what the deputy Sanitary Comr is entitled to under article 565 of the Mysore Service Regulations.

31) Rule 14 - It is only the Health officers of the Mysore and and Bangalore cities who are Vice Presidents - This should be amended accordingly -

NOTE— Contn. sheet.

GPB—50,000—12-8-10

G. R. S. 12]
General and Revenue Secretariat.

Sanitary File No. 6 of 1911-12

Serial No.

32/ Rules 19 and 20. For the expression "Sanitary Hospitals" which has not been approved by Govt, the names by which these hospitals are designated in Mysore, Bangalore and the Kolar Gold Fields may be substituted -

33/ Rule 20. The statement under this rule has not been filled up.

34/ Rule 24 - For the words "District Fund Board", the words "District or municipal Board concerned may be substituted -

35/ The Sanitary Comr may be requested to quote the authority sanctioning the staff said to be allowed to the District Sanitary Apistant.

36/ Rule 28. It is observed that power is given under this Rule to the District Sanitary Officer to correspond direct with the Sanitary Comr on all purely professional matters -

37/ The words "Deputy Comr" may perhaps be substituted

NOTE— Contn. sheet.

GPB—50,000—12-8-10

G. R. S. 12]
General and Revenue Secretariat.

Sm—File No. 6 of 1911-12

Serial No.

for the words "President, District Board" occurring in this rule -

38/ Rule 30 It is a question whether an impest of Rs 10 is not enough - The words "per mensem" after "Rs 30 may be omitted - "Lascar - - - 1" should be struck out as sanction was refused for the entertainment of a lascar -

39/ Rule 32 The Sanitary Comm may be requested to quote the authority sanctioning a peon to each Sanitary Inspector -

40/ By "Chairman", probably the Vice President of the Municipality is meant - So, wherever the word Chairman occurs, the expression Vice President may be substituted -

41/ For the words "Chief Revenue Officer", the word Amildar may be substituted -

42/ It is for consideration whether the proviso in the latter part of this rule that works which ~~are~~ in the opinion of the Sanitary Inspectors are of a Sanitary nature

NOTE—Contn. sheet.

GPB—50,000—12-8-10

Serial No.

shall have precedence of all other and the last sentence which follows this are not likely to weaken discipline and the subordination of the Sanitary Inspector to the Amildar or the Municipal Vice President -

43) Rule 37. The term "professional allowance" is new - In the G.O sanctioning the allowance, it is designated charge allowance -

44) Rule 38. The Sanitary Comr may be requested to state the authority sanctioning a peon to each Public Vaccinator -

45) Rule 46 - This is the same as Rule 19 and may be omitted -

46) Rule 64 A - Such conditions as the Govt see fit may be imposed in regard to grant-in-aid and a proper school building may be insisted ~~on~~ upon before sanctioning the grant - The opinion of the District Sanitary authority may be obtained in regard to the fitness of the building for school purposes but the private body applying for aid need not be made to pay a fee for such opinion -

GPB—50,000—12-8-10

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General and Revenue Secretariat.

File No. 6 of 1911-12.

Serial No.

47/ Rule 66. Under sec 26 sub section (14) (a) of the municipal Regulation the Executive Engineer &c can take part at the meeting only with the consent of the municipal Council. The rule should be made to conform to that provision.

48/ The word President may be substituted for the word "Chairman"

49/ Rules 68 and 69. District Sanitary Boards do not seem to have come into existence at all in some of the Districts. Wherever they have been formed, they do not seem to have done much work. As a body merely to advise municipal and District Boards in regard to schemes for sanitary improvement, it is not known whether they are really required at all. The larger the number of authorities whose opinion should be taken, the greater is the delay in putting the work on hand. Petty works do not after all require much skilled advice and may be left to be undertaken by the B Local or municipal

NOTE—Contn. sheet.

GPB—50,000—12-8-10

Serial No.

Boards with the ~~aid~~ help of thos employed under them and of the P.W.D if necessary. No proposals have been submitted by the Sani tary Comrs ~~are~~ yet in regard to the delegation of additional powers and duties to District Sanitary Boards and the funds to be adminis by them (Vide para 3, sub para (9 of G.O dated 10th Aug 1907). The rule framed however are in accordan with the Govt order and may stan

5) Rules 76 to 88. These rules are being separately considered in Sani file no 150 of 1910

51) The file may be forward unofficially to the Sanitary Com for remarks on the points note above and for such modification of the Rules as may be necessary.

Secy) 31-7-11 Mlle

~~Last~~ 4/9

28/8/11

No-no-21 & 28-8-11

52) Forwarded to the Sanitary Commissioner for favour of remarks

K-Muthaiha
for Secy

28-8-11

NOTE— Contn. sheet.

GPB—50,000—12-8-10

Serial No.	
	RULE 8.
	53 As the concluding portion of the rule limits the correspondence to subjects relating to vaccination, and seeing that the working of the Kurnul system of vaccination necessitates correspondance, with the Deputy Commr. as the Head of the Revenue Department on the one hand, and the District Sanitary Officer on the other, the words " that of the Deputy Commissioner or the District Sanitary Officer " may be substituted for - " District Officers ".
	Rule 11. This rule may read as follows:-
	54 He will be supplied with a tent in accordance with the provisions of Article 565 of the Mysore Service Regulations. The tent shall ordinarily be used only in places where traveller's bungalows are not available.
	Rule 14.
	55 For ' They ' the Health Officers of the Bangalore and Mysore cities " may be substituted.
	RULES 19 & 20.
	56 " Infectious Diseases Hospital " may be substituted for ' Sanitary Hospital '. The statement showing the accommodation and personnel of the three Hospitals has been filled in.
	RULE 24.
	57 The term " District Fund Board " may be altered as suggested.
	58 The clerical and menial establishments sanctioned for the Sanitary Section of the office of the District

GPB—50,000—12-8-10

Serial No.

District Medical and Sanitary Officer have, in accordance with the orders of the Sanitary Commissioner, been placed under the District Sanitary Assistant who utilises their services whenever necessary. The sentence might perhaps be recast as follows:- " The following staff sanctioned for the Sanitary section of the District Medical and Sanitary Officer will be under the District Sanitary Assistant for all routine work."

RULE 30.

5/ The words ' per mensem ' and ' Lascar ' may be omitted from the rule.

RULE 32.

6/ There is no sanction accorded by Government for the entertainment of the peon referred to, but in view of the great necessity that exists for a peon for each Sanitary Inspector the rule may stand, with the proviso that formal sanction of Government be obtained by the Municipalities concerned for the employment of such peons, in each individual case.

6/ The word ' Vice President ' for ' Chairman ' and ' Amildar ' for ' Chief Revenue Officer ' may be substituted.

+ 6/2 As regards the possibility of weakening the discipline of the Sanitary Inspector to the Amildar or the Municipal Vice President were the opinion of the former as to the precedence of certain works to prevail I think there is no reason for such apprehension. It

NOTE— Contn. sheet.

GPB—50,000—12-8-10

Rule 66.

67 The rule may be modified as follows so as to conform to the provision of sub section 14 (a) under section 26 of the Municipal Regulation:-

68 " The District Medical and Sanitary Officer - may with the previous consent of the Municipal Council, attend any meetings thereof and take part in the discu or consideration of any question on which he considers his opinion would be useful to the Council "

RULES 68 & 69.

69 The District Sanitary Boards have been formed onl in two Districts viz. Shimoga and Chitaldrug. But up to date they have not met and discussed any questio of sanitary improvement or any sanitary projects. As regards the necessity for a District Sanitary Board, m own opinion is in favor of having such a Board. It is true enough, in a sense, that petty works do not after require much skilled advice and may be left to be under taken by the local or Municipal Boards. But the essential point is whether such petty works have been considered as to their relative importance to the other sanitary requirements of the District and also as to whether they form part of or are in accordance with a comprehensive plan for sanitary improvements in the District made out with due regard to economy, efficienc and public health. It is only when these points are duly considered that one can be sure of the justificati for spending money, however little, on works for sanitary improvements. This can only be secured by having an expert body of advisors to help the Municipal Council in its deliberations.

70 The submission of the proposals in regard to the delegation of additional powers and duties to District

District Sanitary Boards and the funds to be administered by them is delayed on account of the non-receipt of proposals from the President of the District and Municipal Boards, Kolar District. As the question has already been too long delayed I shall take up the matter soon and submit definite proposals to Government. The opinion of the President, District Fund Board, Kolar may follow later on.

O. J. Ackworth

Offg. Sanitary Commissioner.

P.H.

Serial No.

71/ Submitted for orders with the unofficial opinion of the Sanitary Commissioner:-

72/ The Sanitary Comr has agreed to all the modifications suggested above except in regard to the following rules-

6.10.11

73/ Rule 28 - The suggestion made in my note seems to have been lost sight of by the Sanitary Comr -

Dy C^r may be substituted for President DTS

74/ Rule 30 - The Sanitary Comr has omitted to consider the question whether an imprest of Rs 30 is required and Rs 10 will not do -

30 may remain M

75/ Rule 32. In view of the Sanitary Comr's recommendation, the first sentence of this rule may be recast ~~as hereunder~~ as follows "~~Each~~ Every Sanitary ~~Comr~~ Inspector shall maintain a pony - Subject to the sanction of Govt being obtained in each case, he will be provided with a peon".

76/ The provisions contained in the last part of this rule require consideration and orders -

may stand M

77/ Rule 38 - The first sentence may be modified as in the case

NOTE— Contn. sheet.

GPB—50,000—12-8-10

G. R. S. 12]
General and Revenue Secretariat.

San File No. 6 of 1911-12

Serial No.

of the first sentence of Rule 32.

78/ Rule 64 A - The Sanitary Comr. agrees to the suggestion made. The Rule may be modified as follows:- "When any private body applies for a grant-in-aid for a school, the opinion of the District Sanitary authority as regards the fitness of the building for school purposes shall be obtained before the application is sanctioned".

79/ For Rules 76 to 88, the Rules sanctioned in Sanitary File 150 of 1910 shall be substituted -

80/ If approved, the necessary modifications will be made in the copy of the Rules sent by the Sanitary Comr. and submitted with a draft order sanctioning them -

Secy) 8-10-11 Mc

81/ Subs to 75 K.C.

Keep file Cis 82 returns from Mr Section 17.11.11. approved 11/11/11

Mc 11-11-11

Place this before Mr Ramsay on his return from Kodaikanal for further orders 13/1/12

18/1/12

NOTE— Contn. sheet.

GPB—50,000—13-8-10

G. R. S. 12]
General and Revenue Secretariat.

Law File No. 6 of 1911

Serial No.	
83	Submitted as directed above.
	Hm (158) 19.1.12
84	Please incorporate in the draft rules the alteration which are approved by the H.C. 22.1.12. Hill
85	22/1/12 Submitted with the alterations noted in the draft Code.
86	29.1.12 The necessary modifications have been embodied - It is doubtful if this is to be treated as a Council matter If it is to be so treated, it may be circulated. Otherwise, it may be submitted to the Dewan - Secy) 1.2.12. Hill
	Dewan
87	14975 9.2.12 Seen & approved 2 The Code may be signed & approved by the Council CBB 9/2/12 Hill 9.2.12
88	Sub° to 2nd Cr CBB 27/4/12
89	Appd 9/5/12 27/4/12 Submitted to Council

NOTE—Contn. sheet.

GPB—50,000—12-8-10

Serial No.

90 It seems to me that the rules are capable of considerable improvement both in matter & in manner. I have inserted some marginal & other notes for consideration. Perhaps much of the defect is due to the want of definiteness in the work expected or possible to be realised by this department. After all many of the rules are mere advice and can hardly be given the high sounding title of a Code.

91 The Sanitary Commr has, I see, disarmed criticism to a large extent by acknowledging imperfections when submitting the Compilation for the approval of Govt.

7/6/12

16/1
6.6.12

Dewan
6/6

8/6/12

92 Bro to take up the

GPB—50,000—12-8-10

G. R. S. 12]

General and Revenue Secretariat.

Sanitary File No. 6 of 1911-12

Serial No.	
	Draft of Municipal Code for enforcement in Personal Communication with the Sanitary Commissioners
	93 ass[t] Sec[y] to G. of I. to bring up in person. 23/8/12 SPL 19.9
	~~Forwarded unofficially to the Sanitary Commissioners for personal information.~~ By order Secretary to Govt
	D.O. 21/8/12
	D.O. to Sanitary Commissioners, No. 170 dated 21.8
2	Forwards for personal the file relating to the draft Sanitary Code and requests him to intimate when it will be convenient for him to meet the Secretary to go through the Code and step in what manner the Code has to be prepared
	(The meeting was held on the 28th September 1912)

Received by the Sanitary Commissioners with Government D.O. No. 94 dated 21.8.12

Forwarded to the Sanitary Commissioners with Government D.O. No. 94 dated 21.8.12

Received by the Secretary the file will be sent to the Sanitary Commissioners with the D.O. herewith put up SPL 21.8.12

Returned to Secretary to Govt. SPL 21/8/12

NOTE—Contn. sheet.

General and Revenue Secretariat.

San File No. 6 of 1911-12

Serial No.

95 The draft Sanitary Code was discussed by the Secretary with the San.y Comr. personally; and as per personal instructions, I have revised the draft Code with reference to the discussion with reference to the remarks of the 1st Cr. dated 7-6-12. In certain portions it has been rewritten & the arrangement of the subject matter has been materially changed. The draft rules relating to particular subjects are now ~~bro~~ grouped together, instead of being scattered under various sections. A typed copy of the revised Code is herewith put up.

96 It is respectfully suggested that the name may be changed from 'the San.y Code' to the Manual of the San.y Dep.t or Dep.t of Public Health.

I agree. It may called. 'Manual of the Sanitary Dept.'

97 The section regarding the Dy San.y Comr requires orders ~~Consideration~~ in view of the First Councillors remarks therein

NOTE—Contn. sheet.

Serial No.

As a Dep[t] San[y] Comm[r] has since been app[d] (however as a whole time officer) his previous duty may be retained in his duty.

Yr.

"If, (as I think) the appointment is considered unnecessary, these rules should all be omitted".

98 The rules relating to Central & Dist[t] Sanitary Boards are separately under consideration in file No 170 of 1912 & these rules as passed by Govt may be inserted in this draft manual in the proper place.

99 It is suggested that, in order to make the manual complete itself sufficing, the Village Sanitation Rules, the rules under the Vaccination Reg[n], the order of Govt dated 10th August 1907 constituting the Health Dept may be printed as appendices. The manual will then be complete and will contain all information relating to the Sanitary administration in the Province

I agree WB

State

See 4)

19.12

100 I have gone through the perused duty, and made some

NOTE—Contn. sheet.

GPB—20,000—20-1-12

106-11

25

G. R. S. 12]

General and Revenue Secretariat.

Con File No. 6 of 1911-12

Serial No.

Slight alterations & corrections here and there

101 A fair draft (typed) may be prepared in the usual manner & submitted to 2nd Corrector. If he approves it may be forwarded to the Secretariat for printing and sent to the Secretariat Committee for opinion before they recommend finally ~~accepted~~ the amendments.

4/2/13

102 Vide the Secy's marginal remarks against paragraph 99 of the Misc Notes. The publications referred to should also be dealt with the typed draft. Four copies may be typed.

5/2/13

Drafting Section

5/2/13

Four copies typed and submitted

One copy is kept by me

9/2/13

7.2.13.

Submitted.

13.2.13 The typed draft may be taken

NOTE—Contn. sheet.

GPB—65,000—17-6-12.

106-11

G. R. S. 12]

27

General and Revenue Secretariat. | Sem-File No. 6 of 191/-12

Serial No.

104 Subs to the first Councillor as ordered by the 2nd Cr.

17/3/13

105 Is rule 3 consistent with the order placing Mr Palpu in charge of vaccine depot? The matter may be verified.

106 The draft rules when printed may also be sent to the Hy. of Edn. for opinion

17/3/13

107 The draft may be sent to the Press to be printed.

The rules for the Registration of Vi Statistics in rural circles may also be incorporated as sugge by the 2nd Cr. The desirability of including the rules in force with Municipal areas will be brough

NOTE—Contn. sheet.

GII—65,000—17-C-12.

Oct-11

General and Revenue Secretariat. | Sanitary File No. 6 of 1911-12

Serial No.

to the notice of the Committee.

108 The points noticed by the Secretary in connection with reference to para 3 of the draft ~~Report~~ will be brought to the notice of the Committee.

20/3/13

20/3/13

109 Draft submitted

66
22.3.13

24

Issued
25/3/13

110

3 To the Superintendent, Govt press, Bangalore.

No. 7639 dated 28.3.13

Forwards the draft of the Manual of the public Health Department in Mysore together with appendix and requests that the same may be caused to be printed and five copies of final proof sent to this office.

111 The statement showing the accommodation available in the Infectious Diseases Hospitals at Bangalore, Mysore & Kolar Gold Fields has not been filled up by the Sanitary Commr

A copy of the proof will, if approved, be sent to the Sanitary Commr to insert the omission and to verify the proof. Submitted with draft.

66
6.5.13

Put up clean draft
7/5/13

NOTE—Contn. sheet.

G11—65,000—1.7.12.

General and Revenue Secretariat.

File No. 6 of 191-/12

Serial No.

Submitted

Issue

7.5.13

10/5/13

4 112 To the Sanitary Commissioner, No. 9192 dt 20/5/13

Forwards a proof copy of the Journal of public Health Department in Burma and requests that the Columns in the statement showing the accommodation available in the Infectious Diseases Hospitals be filled up and the proof copy examined & returned for the print order being given.

5 113 From the Sanitary Commissioner, No. 4844 dt 31/5/13

Returns the proof copy of the manual of the public Health department duly examined

114 The Sanitary Commissioner suggests that the forms referred to in the body of the manual have to be printed as appendices. There are 9 forms received from the Sanitary Commr. If approved they will be sent to the press for being printed as appendices to the Manual. He also states that the inclusion of the orders on the Health Scheme is unnecessary as it is not in the nature of departmental rules and that

This may be done
JH
10/6/13

NOTE—Contn. sheet.

G I P—65,000—17-C-12.

R. S. 12]

General and Revenue Secretariat.

Secret File No. 6 of 1911-12

Serial No.

Commissioners for opinion. In the meanwhile the Sanitary Commissioner may be asked to complete the revision of (i) the rules relating to the registration of Vital Statistics. (ii) the Plague Regulations & (iii) the functions & powers of the Central & District Sanitary Boards. These, when approved by Govt, may be printed as appendices to the Manual.

118 As regards the method of collecting opinions, it is worth while considering whether a Small Committee should not be appointed instead of separately consulting individual officers.

119 In this way it will be feasible to save much time & labour; and to make the Manual complete.

Dmg 6/6/13

Secy

2nd Commr

ZB 7/6

119) Yes. I agree

Secy

3/7

120) Yes. I agree

Secy

3/7

Draft- Dmg 4/7

4/7/13

Secy

Draft submitted

5-7-13

Secy

7/7/13

Draft is put up for approval.

Dmg 8/7

2nd Commissioner) 12/7 Approved

Secy

8/7/13

NOTE—Contn. sheet.

GPB—65,000—17-6-12.

9/7 Dmg 9/7

Issue

7520

32

R. S. 12]

General and Revenue Secretariat.

Sen File No. 6 of 1911-12

Serial No.

Issue

29.
9/7/13

12 As the manual is important, the draft is submitted to the Diwan before issue

Dmuyalew 12/7

Diwan

39 5-7 / 12-7-13

13. The papers may be circulated to the First Councillor.

22.7.13 RB

23/7

1st Councillor)

Dmuyalew 23/7

Hm 22/7/13

14 I have no remarks to add. The manual may be considered by a committee as proposed or their opinions collected by correspondence.

28/7/13

Hm

28/7

Diwan)

4257 / 29.7.13

Dmuyalew 28/7

Hm 29/7

15 Approved by His Highness.

Dmuyalew Hm

29/8.

NOTE—Contn. sheet.

GPB—65,000—17-6-12.

Submitted to His Highness.

The question of compiling a draft 'Sanitary Code' since changed to 'The Manual of Public Health Department in Mysore' has been under consideration f: some time past.

2. In consultation with the Sanitary Commissioner a draft has now been drawn up and printed (in proof). It is proposed to have the same examined an reported upon by a Committee consisting of th marginally noted office and Deputy Commissione during the ensuing Dasara in Mysore.

Sanitary Commissioner (President).
Revenue Commissioner.
Inspector General of Education.
Chief Engineer.

3. I solicit sanction to this proposal and to include Lt.Col. T.H. Foulkes also as one of the membe of the proposed Committee.

M. V. Visvesvaraya
31st July 1913

Record of Cases submitted for the Orders of His Highness the Maharaja

(12)

Subject.

Constitution of a Committee for examining and reporting upon the draft of "The Manual of Public Health Department in Mysore".

89

Order.

Sanctioned

~~KRAW~~

1/8/13

Secretary

2.8.13.

DIU

Am
2/8.

General and Revenue Secretariat. Sanitary File No. 6 of 1911-12

Serial No.	
9	133 From the Sanitary Commissioner, No 4754 & 6.5.14 forwards a list of amendments in the draft "Public Health Manual" approved by the Committee at the meeting held at Mysore, on the 9th October 1913.
	134 The amendments approved by the Committee have been noted in the printed copy of the "Draft Manual of the public Health department".
	135 The Sanitary Commr states that the appendices to the Manual were not gone through at the meeting and the members were subsequently requested to give their suggestions. The Dy Commrs of Kolar Tumkur and Chitaldrug districts propose certain amendments in the forms appended to the rules. It is reported that the Dy Commrs of Mysore, Hassan and Shimoga districts have not yet sent in their replies.
	136 The Bangalore Surgeon suggests certain amendments in the rules published under "village Sanitation Regulation" of 1898 (appendix II) The J. S. of Education, the Chief Engineer, the Revenue Commissioner & the Dy Commrs of Bangalore Kolar districts are of opinion that the rules laid down in the draft Manual of the public Health department may be adopted.
	137 Before the draft manual is finally approved for issue it seems necessary to

NOTE—Contn. sheet.

G. R. S. 12]

General and Revenue Secretariat. Sim File No. 6 of 1911-12

Serial No.

invite the opinion of the Sanitary Commr as to what modifications are desirable in the several appendices to the Manual based on the suggestions made by the Medical Surgeon & the Dy Commrs of this Submitted for orders.

Ref[d] with personal instructions Hom 6/6

MA 5·7 21·5·14 BAS

Re submitted.

MA 5·7 16·6·14 BAS 138 A copy of the Manual incorporating the alterations proposed for consideration & considered suitable to placed in the file.

139 The finial form of it may probably be ~~fair~~ decided after orders are passed on the reorganisation of the Sanit[n] Dept. (The file in this matter is with me & I am putting up a note under the orders of the 2nd member of Council).

Sub[d] for orders.

Hm 8/6.

Lee 7/

140 If the present S.C. has not given his views, he may be requested to state them in regard to the suggestions of the Committee & also those received from Dy Comm[rs] subsequent to the meeting of the Committee. A draft may be suggested Engl. Dunn 1917

(1911 1677

NOTE—Contn. sheet.

GPB—60,000—7-11-13

General and Revenue Secretariat.

Sanitary File No. 6 of 1911-12

Serial No.

141 Draft submitted. The present Sanitary Commissioner has forwarded the list of amendments approved by the Committee but has not given his opinion as to the suggestions.

BDS 13/7

167 Put up a clean draft as revised — RMM 16/7/14.

Clean draft submitted.

BDS 16.7.14

168 With reference to para. 140. RMM 17/7/14

Secretary)

Do the today please Drawn 7/8

7/8 7/8

10 169 To the Sanitary Commissioner, No. 1512 dated 7.8.14

Requests him to furnish with his opinion as to the suitability of the several suggestions made by the Committee for the amendment of the draft manual of the public Health de[illegible]

NOTE—Contn. sheet.

GPB—60,000—7-11-13

General and Revenue Secretariat. | File No. 6 of 1914-15 11-12

Serial No.	
11	From the Sanitary Commissioner, No. 23789/16.11.14 forwards a memo embodying his opinion as to the suitability of the several suggestions made by the Committee and states that in view of the fact that the work in the department is being gradually developed the provisions contained in the manual may be adopted and issued subject to necessary additions and alterations, if any, being made from time to time.
	14. The Sanitary Commissioner has considered in detail the modifications suggested by the Committee as well as by individual officers and his final recommendations in respect to some of the amendments of the manual are as follows:-
	1. The Committee suggests that rule 5 should be omitted. The Sanitary Commissioner states that the rule may stand as it is.
	2. The Sanitary Commissioner proposes certain additions to rule 6 and defines the duty of the Dy Sanitary Commissioner in his capacity as "Inspector of vaccination".
	3. A note should be added that except rule 7, the entire set of rules under "Health officers" is applicable to Kodaikanal Municipality.
	4. The Sanitary Commissioner approves of the suggestion of the Committee to add a proviso to rule 14 empowering Municipalities in general to

NOTE—Contn. sheet.

GPR—10,000—13-6-14

F. R. S. 12]

General and Revenue Secretariat. | Sanitary File No. 6 of 1911-12

Serial No.

entertain establishment for plague Hospital subject to the approval of Govt.

5. The Committee is of opinion that rule 2 relating to the duty of District Sanitary officers should be omitted. The Sanitary Commr states that the rule should be retained. The rule is to be arranged into two sub paragraphs, one relating to the examination of the work of Sanitary Inspectors and the other, the control over the District vaccination officials. He also suggests that some of the departmental ~~instructions~~ circulars issued by him during the current year relating to the work of the District Sanitary officers may be incorporated in the manual.

The examination performed by this shall be completed

6. The Committee proposes that rule 26 may be omitted. The Sanitary Commr states that the rule may stand as it describes the work of Sanitary & Assistant Sanitary Inspectors.

7. The Committee proposes that copies of the Sanitary Inspectors' diaries should be sent to the President. The Sanitary Commr approves of the proposal and suggests that necessary additions may be made in rule 27.

8. The Sanitary Commr proposes certain additions to rule 30 defining the duty of Sanitary Inspectors.

9. The Sanitary Commr approves of the following addition to rule 33. "A monthly statement show

NOTE—Contn. sheet.

GPB—25,000—2-11-14

Serial No.

be sent up by the District Visiting Assistant for the information of the Taluk Board Concerned (2) The vaccinators should be required to note against the entries in the birth & death registers the fact of their having vaccinated the children and the date on which he did so under his initials".

10 The Bijapur Inamdar District suggests the following addition to para 59. " When the patil is illiterate it shall be the duty of the Shanbhog to do the writing work for him and be responsible for the correctness and accuracy of such writing The Visiting Assistant shall be informed of the above suggestion.

11 The revised forms referred to in para 13 of the letter under disposal have not been received

12 The Visiting Assistant suggests that Appendix V may be omitted as the revised scheme for the re-organisation of the Public Health Department is under consideration of Govt.

13 In order to make the manual complete the following rules should be added:-

1 Rules relating to the duties & powers of the Central & District Visiting Boards.

2. Rules relating to the registration of Vital Statistics.

3. Rules for the prevention of epidemic diseases.

Submitting for orders.

Secretary

30/12/14

NOTE—Contn. sheet.

GPB—75,000—2-11-14

4740
62

R. S. 12]

General and Revenue Secretariat.

San File No. 6 of 191/.

Serial No.	
12	From the Sanitary Commr. No 3438 dt 27.1.1915 Submits the appendices to the Memo on the Public Health Manual. The main file on the subject is with the A&I Secy to whom it was sent on 11.1.1915. Sent in Contn. HK 51 dt 6.2.1915 This may be linked to the connected file.

D 3377
San 6-11-11
A.S. 11/1.

Health
24

Eg 23/2

NOTE—Contn. sheet.

GPB—25,000—2

General and Revenue Secretariat. | Sm. File No. 6 of 1911-12

Serial No.

150 As the rules relating to the duties and powers of Central and District Sanitary Boards, the rules relating to the registration of Vital Statistics and those relating to the prevention of Epidemic Diseases have to be approved by Govt. before they are finally incorporated in the Manual, it seems that the present question may also be held over.

151 Of the 3 items referred to above, only the rules relating to the registration of vital statistics have been approved and issued in G.O. No. 1025-75 dated 5th August 1915 (San 75-13-23). With regard to the other two, it is learnt from the Branch that the first one is kept for consideration along with the question of reorganization of the Public Health Depts: and the third is still pending in Branch III with the Sanitary Commissioner from whom information is due. In these circumstances it is a question whether the draft "manual of Public Health" which is almost complete except for the incorporation of the three sets of rules above stated, may issue without these, which may be added later on as they are approved, or should be kept over till all are passed.

Submitted for orders.

12/11/15.

NOTE—Contn. sheet.

GPB—25,000—2-11-14

Serial No.

156 The order relating to the procedure of the public Health Department and the rules relating to the duties and powers of the Central Sanitary Board has been issued (vide Govt. proc. No. 5113-63, Sm 86-13-35 dated 8th Feby 1917). The amended Municipal plague regulation and incorporation of rules relating to the prevention of Epidemics in the Municipal & District Boards Regns. is being considered along with the Local Self-Govt. scheme.

157 I have approved the draft manual which be forwarded to the Sanitary Commr for revision & retransmission to Govt for final orders in the matter.

158 I think the manual might have issued, the above leaving undecided points to be decided & included later on.

However it has been kept back so long may the manual be sent to the Surgeon (or the new Sanitary Commr) for revision by Tuesday for favour of remarks

16.2.17

17/2/17

159 I don't see the over leaf pending

GEN. & REV. SECRETARIAT VIII E. AUDIT. 17 FEB 1917

NOTE—Contn. sheet.

GPB—25,000—30-4-15.

ND 1233—GPB—60,000—1-12-16—S.

General and Revenue Secretariat. | File No. 6 of 1911-12

Serial No.	
	162) Draft submitted EM 9.4.17 HL 11/4
	163) Issued 11/4-17
13.	To The Sanitary Commissioner No. 6664 dated 17th April 1917. Forwards for favour of early revision up to date and resubmission the draft manual of Public Health Dept. in Mysore —
14	From the Offg Sany. Comr, No C. 52)-4 of 16. 2. 21 — Submits the revised draft of the Public Health manual, for the approval of Govt.
	165) Submitted. Rules 16 & 20, 100, 101, 230, 292 & 294, 296 & 297 of this manual are based on the Rules 8 & 12, 56 & 58, 35, 38, 21, 40 & 44 of the orginal draft manual (Flag N.). Rules 70, 71, 103 & 105, 228, 229, 233 & 236, 244 & 248, 244 & 248, 255 & 262 are framed in the Sany. Comr's office. All the remaining Rules are drawn up in accordance with the Govt Orders issued from time to time on the respective subjects. Copies of the Govt Orders referred to are put up. 169) As regards arrangement &c., the Efficiency Audit Branch may if approved, be

NOTE—Contn. sheet.

G. R. S. III-2]

17995

General and Revenue Secretariat. | Law File No. 6 of 19/1-12

Serial No.

Consulted.

16) The portions of the manual relating to (1) Vaccination, (2) Sanitary Inspectors & (3) Drainage & other Sanitary works may perhaps be verified by the Rev. Secrett.

21/3/21

D. No. 7208
28. 3. 21.

26/3.

Rev. Secrett.)

Dcs
26/3/21.

16) The portions relating to the above sections have been verified and seem to be all right.

The file may now be returned to Chief Secrett

30/3/1921

Dcs
31.3.

Inspection Dr. Chief Secrett)

GEN. & R. VIII
E. AUDIT.
1 APR 1921

Efficiency Audit Branch)

Dcs
1/4/21.

D No 971.

16a) Draft manual may be approved. The authority for each para (where available) may invariably be indicated beneath the marginal headnote.

Protection Dr)

Dcs
6/4/21.

16c) Will, if approved, be sent to the Press for being set in type.

Rev. Secy)

3rd member)

10/4/21

Dcs
8/4/21

57.76
11-4-21

leet.

G. R. (. III-2)

General and Revenue Secretariat.

Sanitary File No. 6 of 1911-12.

22 9 '24

Serial No.

170) [illegible] organisation of Sanitary dept in Madras circumstances. [illegible] Manual may be referred [illegible] questions mentioned [illegible]

Sanitary 19/4

[illegible]

24/4.

15- From the offg Sany. Comr, No.C.52)-5 dt 3.5.24 — Requests sanction to the grant of an honorarium of Rs 100/- to the officials of his office in connection with the compilation & typing of the Public Health Manual

171) The Sany. Comr's office has taken nearly four years to revise the draft Manual of Public Health Deptt which was sent to Sany. Comr on the 17th April 1917. The revised draft of the P. H. Manual has been received after repeated urgent reminders were issued in the matter.

Submitted for orders.

6/5/24 6/5

172) What are the rules about the compilation of Office Manuals?

6/5/24.

173) A Copy of G. O. No. 136/S. A. G. dated 21. 12. 6 on the subject of the preparation of departmental manuals is put up

7/5/24 174) Reference is solicited to forest s 46 which say that the Hotel Clerk

NOTE—Contn. sheet.

G. R. S. III-2

General and Revenue Secretariat. | San File No. 6 of 19 11-12

Serial No.

on account of the preparation a manual shd in no case exceed Rs 10 that when the work is done at the spl rates, the honorarium to the shd be fixed in each case with the approval of ~~the Govt~~ Govt.

~~Govt~~
7/5

17) This can not ~~possibly~~ be pleaded when the version de has taken 4 years
hm 7

17) This can not be pleaded when the version de has taken 4 years
hm 7

175) The proposal might perhaps be favourably considered.

Rev. Secy) 7/5/21.

17b) This may also be overfor the present, I think, till the publication of the Manual is decided upon -

3rd member) 9.5.21
hm

17b) 10/5
hm 7

6286
9-5-21

Govt No. 27587-82
San 5-21-9
26-6-21

17a) Sched ~~the~~ orders have issued effecting certain retrenchments in the sanitary dept which with a draft for appl or other orders

19/7/21
hd

Issue
632 21/7 19/5/21

NOTE—Contn. sheet.

G. R. S. III-2.

General and Revenue Secretariat.

Sanitary File No. 6 of 1911.

Serial No.

Public Health Manuals returned to the Sanitary Commr. for being brought up to date has not yet been returned.

Subsidiary Do reminder for approval or other orders

7/2

Issue 17.2.23

Issued No L.5921/L 20.2.23.

From the Sanitary Commissioner.

No C.36-2 of 25/28th Feb 23.

States that as no final has been reached in the matter of water organisation & the working of the P.H. department, the post may be moved to defer compilation & issue of new P.H. manual till July 1924.

Subsd The public Health dept was first constituted in 1907 (vide Pro. 1378-92 Sam 96-06-8 of 10.8.1907) and the question of preparing a manual for the department was under consideration since 1910-11. The Sanitary Surgeon now wants to postpone the submission of the draft manual till July 1924. As great difficulty

N

vide P.W.D I

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

San File No. 6 of 19 4.

Serial No.

is being felt for working a departmental manual, one may perhaps be ordered to be prepared, if appd. showing the situation as at present, a supplement being issued subsequently, if necessary.

Subd for orders.

CBB 20.3.23

HBJ 3/3/23

Rev. Sec.) Secd Member) 2-W/27/8/23

6418 28/3/23

CBB 27.

Actg

Secy

2/4/23/4/23

Draft CBB 3.4.23

draft subd.

CBB 5.4.23.

HBJ HJK 4/4/23

Rev. Sec.) W.J. 5/4/23.

Secd. CBB

~~From~~ Sanitary Commissioner's No. L. 6963 & 6.4.23.

Requests to submit the draft manual at a very early date.

NOTE—Contn. sheet.

6206 5

G. R. S. III-2,

General and Revenue Secretariat. | The File No. 6 of 19 24.

Serial No.

From the Sanitary Commissioner,
no C.36-24 dt 31.5.25.

Stating that the ~~revised rules~~ the manual will be submitted after ordering the rules ~~sub~~ relating to the duties of chief Sanitary Inspector & the revised subd for an approval of govt.

Subd. the rules ~~has~~ reported to have been separately subd. the issue of the govt order approving the same will then be effd.

25/8/25 (Rev. Sec.) 8.7.25 W.7.

Subd. Rules relating to the duties of chief Sanitary Inspectors issued vide no L.2584-25/San 52-22-4 dt 5.10.25 & those relating to the direction & supervision of vaccination in rural areas vide no L.3840-24/San 51-22-21.11.25. A draft ~~circular~~ circular in attention of the Sanitary Commissioner to the above orders & calling for the submission of the draft P.H. manual put up for appl or other orders.

Issued no L 49949 16.12.25

Further action taken in Sanitary file 5 of 24-25

NOTE—Contd. sheet.

GENERAL & REVENUE SECRETARIAT. LOCAL SELF GOVT. BRANCH

~~The Sanitary Code~~
The Manual of the 54

Department of Public Health in Mysore.

Staff.

The Sanitary Commissioner.

The Senior Surgeon will remain Ex-officio Sanitary Commissioner and as such will be directly responsible to Government for the administration of the department.

Govt. Pro. No. 1378-92 dt/ 10 August 07 / Sm 93-06

2. The Deputy Sanitary Commissioner.

This officer, will assist the Sanitary Commissioner in such ways as the latter --- officer may direct so as to secure the efficiency of the department.

3. He will also be Superintendent* of --- Vaccination.

* This designation was suggested by the Senior Surgeon at the time of the discussion with the Secy. SDR

4. The Deputy Sanitary Commissioner (when sent out on tour by the ~~Sanitary Commissioner~~) will keep a diary of his ~~tours~~ tours which should be submitted to the Sanitary Commissioner every time he returns to the station, or at such other times as the Sanitary Commissioner may require.

This was omitted SDR.

Note by the 1st Cr in the original draft

"The question of the Dy Sanr Com^rs appointment should be decided definitely If (as I think) the appointment is considered unnecessary, these rules should all be omitted."

5. On all important matters he will correspond with ~~any~~ their offices ~~only~~ through the Sanitary Commissioner. This does not preclude him from demi-official correspondence ----

56

Sanitary Commissioner to the Health Officer concerned with their remarks for his information and for filing. When these ~~reports~~ summaries or their reports of the Health officers contain proposals involving expenditure, a note of them, when approved, will be made in the Sanitary Commissioner's Office and a list of such proposals will be sent to the Health Officer concerned one month before the date prescribed for the budget meeting of the Council ~~is held~~ so that the Medical Officers of Health may urge their adoption by the Council.

9. These officers will be in sole charge under the President, of the Sanitary Staff and equipment of their respective charges.

10. They will be also in charge of all markets and slaughter houses, and will see that the staff attached to these institutions keep them in a sanitary condition.

11. It is their duty to see that the Sanitary clauses of the Municipal Regulation and the Mysore Vaccination Regulations are strictly enforced and when they are defective or ineffective to bring the matter to the notice of the President in writing without delay

(57)

and refer to such events in their weekly brief reports.

12. These Officers are ex-officio in Medical charge of the Infectious Diseases Hospitals in their respective areas, being directly responsible for the maintenance of these hospitals in sanitary condition, for the treatment of the patients and for Hospital furniture ~~also~~ for medicines and surgical equipment, and for the regular submission of the prescribed returns. It will be also part of their duty on occasions of Epidemics of plague to personally inoculate as many persons as possible with the help of their subordinate staff.

The Infections Diseases Hospitals.

13. The following is a statement of the accommodation and personnel of the three Infectious Diseases Hospitals for ordinary non-epidemic seasons. In time of epedimics ~~all~~ necessary additions will be made in communication with the Senior Surgeon.

Number of beds.

Bangalore City	Mysore City	Kolar Gold Fields.

58

Plague

Small Pox

Cholera

Lepers, Males
and females
Miscellaneous

Details have not been given by the Sanitary Commissioner (Details should be ascertained & entered here) GSh

---

Contact Camps.

Number of huts.

Subordinate Staff.

Sub Assistant Surgeons
~~Hospital Assistants~~----------1

Nurses----------2

Ward Women----------

~~Section on~~ District Sanitary Officers

inst. proc. No 1378-92 dated 10.8.07 Sam 93-06 /X

14. There will be a District Sanitary Officer for each district. Where a separate Sanitary officer has not been appointed, the District Medical Officer will also be the Sanitary Officer ~~also~~ for the District; and whenever possible he will have an assistant, generally a Deputy Inspector of Vaccination. When a whole-time District Sanitary Officer is appointed to a District, he will relieve the District Medical and Sanitary Officer of all Sanitary duties.

15. The duties of District Sanitary Officers are chiefly the supervision of vaccination and ~~the work of the Sanitary Inspectors~~

(59)

~~and the supervision of~~ Sanitation in their districts. ~~Further~~, they have to advise on the sanitary condition of houses selected for demolition, the disinfection of wells, the arrangement of health or Segregation Camps, selection of village sites &c.,

16. The District Sanitary Officer should draw up every month a programme of tour (Form No III) for the month following in consultation with the Deputy Commissioner. He ~~shall~~ should submit his tour programme for each month to the Deputy Commissioner a week before its commencement and ~~shall~~ and adopt such modifications as may be directed by the Dep^y Comm^r Should. He ~~shall~~ keep a diary in Form No IV showing the places visited and action taken by him. ~~He~~ and should send it weekly to the Deputy Commissioner ~~for remarks and~~ who will return it to him with orders; ~~the latter shall~~ return them to ~~the District Sanitary Officer~~ him with his remarks or orders for suitable action and ~~for~~ transmission to the Sanitary Commissioner. Any special reports which the Deputy Sanitary Officer may desire & send up ~~desire to forward~~ to the Dep^y C. should be similarly dealth with.

17. ~~His~~ The tours of the Dy Sanitary Officer should be specially planned so as to enable him to effectively check

Recd a/a under Govt. yr No 3447-57 dated 8.11.11 Sum 150-10-2

(60)

check the work of the vaccinators. It will be his business to see that in all towns and villages, the Regulations in regard to Sanitary matters including vaccination are strictly observed. It will be part of his work to bring home to his people a knowledge of Sanitary matters ~~home to the people~~ and for this purpose, he should lose no opportunity of delivering public lectures on matters relating to Public health + Sanitation ~~to the people~~. The Revenue authorities should give him all help in bringing the people together to hear his lectures.

18. Among other matters the following should also claim the attention of the District Sanitary Officer (Viz) Sanitation of Schools, Malaria, Epidemic, prophylaxes &c.,

Appendix 6 to list of Govt orders No 3447-57/98-11-11/0 Sam 150-10

19. The District Sanitary Officer is the Deputy Commissioner's Assistant in Sanitary and health matters and is directly subordinate to him. In technical and scientific matters however, he will be subject to the orders of the Sanitary Commissioner. ~~On matters~~ Except in matters which are purely professional, in such matters he shall correspond with the Sanitary Commissioner through the Deputy Commissioner, Except in matters where are purely technical + professional

(61

20. The District Sanitary Officer ~~is the~~ with Exercise control over ~~immediate superior of~~ the District Vaccination Officials and of the Sanitary ----- Inspectors, ~~except that~~ Sanitary Inspectors paid from Municipal funds ~~shall~~ be under the orders of the Municipal Board in all ~~the~~ minutest technical and scientific matters. The District Sanitary Officer may transfer vaccinators in the District from one place to another, notifying such changes of station to the Dept Comr and ~~to~~ the Sanitary Commissioner.

21. The District Sanitary Officer will be provided as far as possible with a small laboratory at the Head Quarters of the District where emergent Sanitary analyses can readily be made, and with a magic lantern as an aid to lecturing: He will have an imprest of Rs. 30/- His staff will ordinarily consist of:-

Writer	1
Peons	2
Lascar	1

and he will be provided with a tent to enable him to visit every part of his District thoroughly.

(62

District Sanitary Assistants.

22. The duties of a District Sanitary Assistants comprise all those ~~already~~ given above under the heading District Sanitary Officers. ~~They~~ He will generally perform the less important of the Sanitary duties hitherto required of the District Medical and Sanitary Officers. Correspondence on all ~~such~~ matters ~~proceedings~~ shall be carried on by him ~~out~~ through the District Medical and Sanitary Officer who ~~shall~~ will be careful that matters of grave importance receive his proper attention ~~are all supervised by himself~~ as Sanitary responsibility for his District is ~~continues to~~ be vested in him.

23. The Sanitary Assistant ~~shall~~ will be a touring Officer. He ~~shall~~ should draw up every month a programme of tours (in Form No III) for the month following under instructions from the District Medical and Sanitary Officer. He ~~shall~~ should keep a diary (Form No ~~II~~ I) showing places visited and ~~shall~~ should submit it to the District Medical and Sanitary Officer who will forward it with his remarks, along with his own diary if any for the week to the Deputy Commissioner who will return

(63

return them with his remarks and orders for action and transmission to the Sanitary Commissioner.

24. The following staff sanctioned for the Sanitary Section of the District Medical and Sanitary Officer will be under the District and Sanitary Assistant for all routine work

Writer 1
Peon \ 1

Sanitary Inspectors.

25. Under Government Order No. 9301-19 / Ml. 67-03 dated the 8th April 1905 the following localities will as far as possible be provided with a Sanitary or Assistant Sanitary Inspector as indicated.

26. The Municipalities of Bangalore and Mysore ~~to~~ will have a Chief Sanitary Inspector and 4 or 5 Sanitary Inspectors according to actual requirements.

27. In every other Municipal town with a population of over 5000, there shall ordinarily be(a) a Sanitary Inspector and (b) an Assistant Sanitary Inspector. A Municipality with a

(64

a population of 5000 and under may have either a Sanitary Inpector or an Assistant Sanitary Inspector.

28. Every Taluk Board shall employ a Sanitary Inspector or Assistant Sanitary Inspector. Every Sanitary Inspector shall maintain a pony. He ~~shall~~ should keep a diary (Form No II) which in the case of Municipalities ~~shall~~ should be sent daily or twice a week to the Vice President who will scrutinize it and forward it with his remarks to the District Sanitary Officer. In the case of Taluk ~~inspection~~ Board the diary shall be sent to the Amildar of the Taluk who ~~shall~~ will deal with it in the manner prescribed for Vice-Presidents of --- Municipalities.

Separate paper

Rules 5, 6 & 7 appended to Govt. Notification No. 3447-57 dated 8.11.1957 O
Secy 150-10

29. The District Sanitary Officer shall report ~~such matters as he deems necessary~~ to the Deputy Commissioner with a view to ~~obtaining his~~ issuing necessary orders ~~for~~ to the Amildars ~~to~~ in such matters as he considers necessary to carry out the Sanitary Measures advised by him. This will not interfere with the Amildar of the Taluk or Chairman of the Municipality giving orders to the Sanitary Inspectors in matters pertaining to their duties. If there is a difference in opinion between

(65

between the District Sanitary Officer and the Amildar or the ~~Chairman~~ Asst. the matter should be reported to the Deputy Commissioner whose order will be final.

30. In Municipalities or in the Taluk Boards when a seperate provision is not ~~under~~ made for supervision of minor works, it will be the duty of Sanitary or Assistant Sanitary Inspectors to supervise such minor works as would ordinarily come under the supervision of an overseer provided that sanitary works should generally have precedence over others. It will be an important part of the sanitary Inspectors' duty when visiting villages, to see that the village sanitation Rules are properly enforced and observed. He should as far as possible, inspect all new houses being errected or the rebuilding of old houses and other sanitary works undertaken in any village and see that the sanitary agency exercises the powers vested in ~~them~~ him under the village sanitation rules properly and with due regard to the sanitation of the village.

(67)

He ~~shall~~ will carefully note in connection with each of these the particulars required in the ordinar Vaccination Registers. He ~~shall~~ will then vaccinate as many of the unprotected as possible ticking them off in the "Vaccination State~~ment~~" registe and entering them as well in his usual register.

35. Vaccination in urban areas forms part of t regular duties of Sub Assistant Surgeons in cha of dispensaries. They shall set ~~out~~ one morning a week apart for going round the village on vaccination work up till 9.30 A.M. after which they should attend to their dispensary work.

36. Vaccinators should see that no attempts t rub off the vaccine virus are made for at least 5 minutes after its insertion.

All vaccinators shall indent for and get supplies of fresh paste as often as may be necessary rather than keep old supplies which often prove ineffective.

38. Whenever any particular supply of vaccin issued is found inefficient the matter should b reported direct to the Superintendent, Vaccine Institute and the remainder of the sample if any, is to be sent at the same time to that

As soon as the vaccinator as completed his work in any village, ~~the Patel should send a report in Form No VIII to the Amildar of the Taluq for transmission to the District Sanit Asst or Sanit Officer.~~ he should fill up the Columns No IX and send the ~~duplicate~~ triplicate to the Dt Sanit Officer or Asst. & the triplicate with the entry in the Column of remarks omitted should be given to the Patel who will submit the same to the Amildar with his Certificate in Form No VIII

To chall carefully note in connection with e
of those the particulars required in the or ic
Vaccination Registers. He shall then vaccinate
as many of the unprotected as possible ticki
them off in the "Vaccination Statement" sup
and entering them as well in his usual registe
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5 minutes after its insertion.

All vaccinators shall insert for ea
not suppliss of fresh lymph on often as may be
necessary rather than keep old supplies which
often prove ineffective.

38. Whenever any particular apathy of vacc
ination is found insufficient the matter should
reported direct to the Superintendent, Vaccine
Institute and the remainder of the ...

(69

obtaining the sanction of the Senior Surgeon whenever necessary.

42. Revenue officers shall assist the Sanitary officers in every reasonable manner and take a special interest in the advancement of vaccination and the collection of reliable vital statistics.

43. The District Medical ~~officer~~ and Sanitary officer or the District Sanitary officer, as the case may be, shall report to the Deputy Commissioner of the District any unreasonable delay on the part of Municipalities in carrying out improvements they have promised to carry out on the recommendation of the Sanitary authority.

44. The District Sanitary Officer may, with the previous consent of the Municipal Council, attend ~~to~~ any meetings thereof and take part in the discussion or consideration of any question on which he considers his opinion would be useful to the Council.

(Rule 8 added vide Govt. Notn. No. 3447-57 dated 8.11.11 Gaz. 150-10)

45. When the Sanitary Commissioner, his Deputy or the District Sanitary Officer visits a place and finds conditions that require immediate attention, the Sanitary Staff should ~~invariably~~ if he requires place at his be at the disposal of such visiting officer to enable him to have things put right without delay and thus demonstrate practically what

obtaining the sanction of the Senior Surgeon ...
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grant-in-aid schools. Where there is a District Sanitary Assistant these reports may be made by him and forwarded through the District Medical and Sanitary Officer to the Sanitary Commissioner for the information of Government and in case the School is an aided school or supported partly by any local body a copy should be sent to that body.

1st Councillor's remark. "I fear this will be found to delay disposal of such matters."

48. When any private body applies for a grant-in-aid for a school, the opinion of the District Sanitary authority as regards the fitness of the building for school purposes shall be obtained before the application is sanctioned.

50. In every dispensary there shall be hung in a conspicuous place on the wall a card carefully dated showing the results of analysis of the main drinking water supplies for the ~~town~~ town, the malarial index and tha vaccination statement, information being also kept in the office records.

51. In sending samples of water for analysis to the Chemical Examiner and Bacteriologist to Government at least half a gallon of each sample together with the following information should be furnished (1) place and date and hour of collection (2) source

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grant-in-aid schools. Where there is a District

(73

59. When Cholera breaks out in a village every well therein should be treated with a sufficient quantity of Potassium Per-manganate to produce a pink color that lasts till the following day. Generally two or three ounces of per-manganate will be found sufficient for each well, but the quantity must vary with the amount of the organic matter in the water. A foul well may require 8 ounces or more. One well should be treated with an extra large quantity of Per manganate and its water immediately pumped out until the red color almost disappears. The inhabitants should be instructed to use this well until the following day when the water in the remaining well will be fit to drink. Hankinising should be repeated every four days so long as there is cholera in the neighbourhood. Detailed rules dealing with the various kinds of drinking water supplies in villages on occasions of out breaks of cholera are appended hereto (Appendix I) .

54. When Chlorox breaks out in a village over a well therein should be treated with a sufficient quantity of Potassium Permanganate to produce a pink color that lasts till the following day. Generally two or three ounces of Per Manganate will be found sufficient for each well, but the quantity must vary with the amount of the organic matter in the water. A foul well may require 3 ounces or more. One well should be treated with an extra large quantity of Per manganate and the water immediately pumped out until the red colour disappears. The inhabitants should be instructed to use this well until the following day when the water in the remaining well will be fit to drink. Sanitation should be reported every fortnight. Detailed rules dealing with the various kinds of drinking water supplies in villages on account of out breaks of Chlorox are given hereto (Appendix I).

N O T E :-

The Draft rules relating to the constitution and functions of the District and Central Sanitary Board are under consideration separately in Sanitary File No. 17/1913 and will be inserted after the rules are approved by Government.

Instructions to Patels re Vaccination and Epidemic diseases.

Govt. Pln. No. 1389-98 dated 10.8.10
Sani 199-09 R

55. It shall be the duty of the Patel or Head man of the village as soon as he discovers a case of small-pox, Cholera, suspicious diarrhoea, the presence of dead rats the death of a person after a short illness where buboes were present, or death of a person within two or three days from fever even with no buboes, to communicate at once with the nearest Sub Assistant Surgeon or Asst. Surgeon and when he arrives to carry out his instructions as far as he can.

56. In villages where men can be had on daily wages for Sanitary work , the Patel shall warn one or two men to be ready for such work at the same time that he sends word to the Sub Assistant Surgeon. Meantime, ~~and supposing it is~~ dead rats that have

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75

been discovered, the Patel should use every effort to induce the villagers to prepare for camping out.

57. In every village which a vaccinator visits, a clean room should be temporarily provided by the Patel with a table and seat; also a vessel containi ~~hey~~ hot water.

58. To this room those to be vaccinated should be brought, but in the case of gosha women the vaccinators will visit them and operate in their houses if so desired. At the same time it is most desirab that all vaccination should be carried out in the room set apart by the Patel ~~when~~ where facilities for carrying out the operation of vaccination are provided.

59. The Vaccination ~~statement~~ Register shall be ca fully preserved by the Patel amongst his records, a must always be produced when the vaccinator comes so that the latter may enter all ~~the~~ new children that have arrived since last visit, and vaccinate them if possible. At every village ~~it shall the~~ in which there is a Musafirkhana or such public buildings available, it should be as far as possible, a be the duty of the Patel to provide suitable room for the Vaccinator to live in and to perform vaccination. ~~when there is not suitable accomodation~~ in the Musafirkhana. The room should be ~~roughly~~

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No. 53
Enc. 1 Code.

OFFICE OF THE SANITARY COMMISSIONER
IN MYSORE,

Dated, Bangalore, the 14th May 1910
4th July 1911

Secn 6—11
SC—1

From

LT.-COL. JOHN SMYTH, M.D., I.M.S.,
Sanitary Commissioner to the Government of
His Highness the Maharaja of Mysore,
BANGALORE

To

C.S. Balasundaram Iyer Esq., B.A.,
Secretary to the Government of His Highness the
Maharaja of Mysore, General and Revenue Departments,
BANGALORE

Sir,

I have the honor to forward herewith for perusal and orders of the Government of His Highness the Maharajah of Mysore, a typed copy of a Sanitary Code. I am aware of its imperfections, but if the rules are generally approved by Government it is an easy matter making the few re-arrangements necessary. It will be understood what an enormous volume might be written in this connection, but I have confined myself to what seemed necessary for the immediate wants of the young Department.

2. In the actual working no doubt a good deal of revision will be found necessary and many additions. In arranging the work in the Districts I have sought and received the opinion of nearly all the senior deputies. The rules framed as the result of our interchange of views have been framed to meet the present necessities of the case. I am aware that they hardly give the District Sanitary Officers sufficient powers, but it is better to have rules that will secure cooperation, although not ideal, than rules which though ideal would cause great friction and consequent diminished efficiency. But I feel sure that till [illegible]

Public Health Department.

W S 178 Ser 191 -1 .

om Mysore

The Sanitary Commissioner
to the Government of Mysore.

106

The Secretary to the Govt. of H.H. the
Maharaja of Mysore, Gen. & Rev. Depts.
Bangalore.

ited 17th May 1911

spatched 4th July 1911

ceived

neral No. 53

Enclosure No. 1 Code.

Forwarding a typed Copy
of Sanitary Code.

(2.8)

and District Sanitary Officer get more accustomed to the new conditions it is better to go slow. They are suspic of each other at present; further acquaintance will put this right. Moreover one must be sure of one personnel before endowing it with large powers. The ideal can be worked up to gradually.

I have the honor to be,
Sir,
Your most obedient servant

M.D.,
Lt. Col., I.M.S.,
Sanitary Commissioner.

P.H.

THE MYSORE SANITARY CODE.

C O N T E N T S .

I. Staff.

The Sanitary Commissioner. The Deputy Sanitary Commissioner. The Medical Officers of Health. The Sanitary Hospitals. The District Sanitary Assistant The District Sanitary Officers. The Sanitary Inspectors... ... ... Pp. 1 to 9

II. Vaccination... ... ... Pp. 9 to 11

III. General Departmental Instructions and Rules ... ... Pp. 11 to 16

IV. Sanitary Boards ... ... Pp. 16 to 18.

V. Rules regarding the status of the Public Health Department in the Districts. 18 to 20

VI. References to other Codes or Regulations containing rules relating to Sanitation ... ... Pp. 20.

Govt Order No 1378-92 dt - 10-8-1907
Sam. 93-08-8

New

not necessary

Yes

Does not seem to be necessary. This is more or less office management

Rel. recd

The D.Y. Sam.y Com.r thanks when sent out on tour by the Sam.y Com.r etc into heads & duties etc - Rule 5 -

80

Department of Public Health in Mysore.

S T A F F .

The Sanitary Commissioner.

The Senior Surgeon will remain Ex-officio Sanitary Commissioner - and as such will be directly responsible to Government for the Administration of the Department.

The Deputy Sanitary Commissioner.

2. This ~~is a whole time~~ when if one is available, if one is appointable, officer, ~~who~~ will assist the Sanitary Commissioner in such ways as the latter officer may direct so as to secure the efficiency of the Department.

3. He will also be Supt. Inspector of Vaccination. ?

4. In December of each year the Sanitary Commissioner will draw up a programme of tours for himself and the Deputy Sanitary Commissioner, for the ensuing year, and this shall be adhered to as closely as the exigencies of the public service will admit. may be omitted

5. The Deputy Sanitary Commissioner when sent out on tour by the San'y Co will keep a diary of his tours which should be ~~to be~~ submitted to the Sanitary Commissioner every time he returns to the station, or at such other times as the Sanitary Commissioner may require.

6. The Deputy Sanitary Commissioner shall not leave Head Quarters without the permission of the Sanitary Commissioner which permission shall be obtained by a personal interview, if the Sanitary Commissioner be at Head Quarters at the time. He shall also personally report himself to the Sanitary Commissioner when he returns Omit

C11

× The q^re of Dy Sanit^y Off^rs appt should be decided definitely. Omit If (as I think) the appt is Com^y Sd^rs unnecessary, these rules shd all be omitted.

Hon

& On all empl matters he should not correspond directly with any office except thro the Sanit^y Com^y. This does not preclude him fr

Hon

I omit

Omit

11. He will be supplied with a tent in accordance with the provisions of Article 565 of the Mysore Service Regulations. The tent shall ordinarily be used only in places where traveller's bungalows are not available.

Omit

returns from tour, if the latter officer is at Head Quarters at the time. These rules also apply to his visits to Mysore to serve on the Trust Board Committee of that city.

7. All reports by the Deputy Sanitary Commissioner shall be submitted to the Sanitary Commissioner for disposal.

8. ~~He~~ shall not correspond officially directly with any office except ~~District Offices~~ that of the Dy Comm^r or the District Sanitary Officer and this only when vaccination is concerned. This does not preclude him from demi-official correspondence whereby routine work may be expedited.

9. With the sanction of Government he may be deputed to give instructions on sanitation when at Head Quarters, and when touring is not in the programme for the time.

10. The following menial establishment while is placed at his disposal when on tour, with tents:-

Peons...	...	...	...	2
Lascar	...	...	...	1

11. Tent accomodation will be provided for him when he goes on tour in places where Bungalows are not available, on application to the Stores Department.

12. When on tour it will be his duty to enquire carefully into the work done by the District Sanitary Officers or District Sanitary Assistants, examine their work and include in his reports the results of such inspections. He will also examine the diaries of Sanitary Inspectors and report on the work of these officials. His special attention will be directed to vaccination. ~~He will take opportunity to instruct the people in such ways as may seem best for the occasion when on tour.~~

(83)

Medical Officers of Health.

13. These officers, three in number, are appointed one each to Mysore city, Bangalore city and Kolar Gold Fields area.

14. The health officers of the Bangalore and Mysore cities are Vice-Presidents in their respective areas for all matters relating to Health, vide Government Order No. 6483-6 Ml. 127-07-13 dated the 12th January 1909.

15. In addition to such reports and communications as are constantly necessary between themselves and their respective Presidents, they shall each send to the Sanitary Commissioner, through the President a brief summary of their most important proceedings every week. This report shall be annotated marginally by the President and the Sanitary Commissioner and returned to the Health Office concerned for his information and for filing. The President or Sanitary Commissioner may bring the whole or any part of such report to the notice of Government should it be deemed necessary. When these reports contain proposals involving expenditure, a note of them, when approved, will be made in the Sanitary Commissioner's Office and a list of such proposals will be sent to the Health Officer concerned one month before the budget meeting of the council is held so that the Medical Officers of Health may urge their adoption by the Council.

16. These officers will be in sole charge, under the President, of the Sanitary staff and equipment of their respective charges.

17. They will also be in charge of all markets and slaughter houses, and see that the staff attached to these institutions keep them in a sanitary condition.

18. It is their duty to see that the sanitary clauses of the Municipal Regulation and the Mysore

(

It will be also part of their duty, on occasions of Epidemics of plague, to personally inoculate as many persons as possible with the help of their subordinate staff, ~~as far as possible~~

for Manual

(8)

Mysore Vaccination Regulations are strictly enforced, and where these are defective or ineffective to bring the matter to the notice of the President in writing without delay and refer to such events in their weekly brief reports.

19. These officers are Ex-officio in Medical charge of the ~~Sanitary~~ Infectious Diseases Hospitals in their respective areas, being directly responsible for the maintenance of these hospitals in sanitary condition, for the treatment of the patients and for Hospital furniture, medicines and surgical equipment, and for the regular submission of the prescribed returns.

The ~~Sanitary~~ Infectious Diseases Hospitals.

20. The following is a statement of the accommodation and personnel of the three ~~Sanitary~~ Infectious Diseases Hospitals for ordinary non-epidemic seasons. In times of epidemics all necessary additions will be made in communication with the Senior Surgeon in Mysore.

Number of beds.

	Bangalore city	Mysore city.	K.G.Field
Plague.			
Small-pox.			
Cholera.			
Lepers. Males & Females.			
Miscellaneous.			

To be filled up

Contact camps.

Number of huts ... ...

Subordinate staff.

Hospital Assistants 1

Nurses 2

Ward women... ... ...

86

The Lecturer on Dist Sanitary Officers Thanks
Come first

✓ Where a Separate Officer
has not been appointed, the
Dist Med^l Offr is the Sanitary
Offr also for the Dist^t. Wherever
possible, he will have an Assistant,
Generally a Sen Insp^r &c

Hr Stark

The same with his remarks,
Going with his own Report if any to the week
to the Fact of Bd Board. by. The Secr^t who
will pass them on to the Sy Com^l
with his remarks ... He shall dispose

communicating them to the District Medical and Sanitary Officer.

24. All such reports shall be scrutinised in the Sanitary Commissioner's Office and such matters as may seem of sufficient importance will be forwarded to Government. All recommendations in them that are approved and that will involve expenditure shall be extracted in the Sanitary Commissioner's Office and communicated to the District Medical and Sanitary Officer during the month before the meeting of the District ~~Fund~~ or Municipal Board concerned, at which the Budget is to be discussed, so that he may support their claims for allotments in the Budget for the coming year. A diary showing the details and results of inspection of the vaccination work will also be kept. (Form marked I). ※ ~~The following staff is allowed to the District Sanitary Assistant~~

Writer	...	...	1
Peon	...	...	1

25. It will thus be seen that the District Medical & Sanitary Officer, so long as Sanitary Assistants only are employed still continues to be the responsible Sanitary authority in the District.

(District Sanitary Officer.)

26. Only 4 such officers have till now been appointed, for the Districts of Mysore, Kolar, Kadur and Shimoga.) The District Sanitary Officer relieves the District Medical and Sanitary Officer of all sanitary duties. His duties comprise all those already given under the heading Sanitary Assistants, except that he makes out his own monthly tour programme in consultation with the President of the District Board. He shall keep a diary which he should send weekly to the Sanitary Commissioner., through the Dy Com.r

10

× It will be part of his work to bring a knowledge of sanitary matters home to the people & for this purpose, he

Except on ... which are others than purely prof.
Omit
On all ~~matters~~ matters & he should consult
those the Sec'y Com.

27. His tours should be specially planned so as to enable him to effectively check the work of the vaccinators. It will be his business to see that in all towns and villages the Regulations in regard to sanitary matters, including vaccination are strictly observed. ~~The people, being for the most part uninitiated in sanitary matters will require to be largely educated into the understanding of them. With this object the District Sanitary Officer~~ should lose no opportunity of lecturing to the people, and the Revenue Authorities should give all help in bringing the people together to hear the lectures.

28. (It is unnecessary here to enumerate the various matters that will) claim the attention of the District Sanitary Officer, ~~~~ schools, Malaria, Epidemic prophylaxes etc. (His training is taken as a guarantee that he can recognise insanitary conditions, and advise remedial measures.) He ~~shall~~ correspond ~~if he choose~~ direct with the Sanitary Commissioner on all purely professional matters, on others through the ~~President, District Board.~~

29. He shall be provided with a small laboratory at the Head Quarters of the District where emergent sanitary analyses can readily be made, and with a magic lantern as an aid to lecturing.

30. He ~~shall~~ ~~should~~ have an imprest of Rs. 30/- ~~(per mensem.)~~ His staff shall consist of: writer 1

Peons 2

~~Lascar ... ... 1 (sanction applied for)~~

and he shall be provided with a tent to enable him to visit every part of the District thoroughly.

Sanitary Inspectors.

31. Under Government Order No. 9301-19 Fl. 67-03 dated

32. Every sanitary inspector shall maintain a pony. (Subject to the sanction of Government being obtained in each case, he will be provided with a peon.)

In Nos. 6 in Fy Bds where a separation proper is not made & supervision of minor works, it will have the duty of Sanity or Asst. Inspects.

Provided that sanitary works shd generally have precedence over others

Doubtful expenses

dated the 8th April 1905 the following ~~description of places shall~~ was as far as possible be provided with a Sanitary or Assistant Sanitary Inspector as indicated ~~below~~:-

The Municipalities of Bangalore and Mysore to have a Chief Sanitary Inspector and 4 or 5 Sanitary Inspectors according to actual requirements .

In every other Municipal town with a population of over 5000, there shall be (a) a Sanitary Inspector and (b) an Assistant Sanitary Inspector.

A Municipality with a population of 5000 and under may have either a Sanitary Inspector or an Assistant Sanitary Inspector.

Every Taluk Board shall employ a Sanitary Inspector.

~~32. Each Sanitary Inspector shall be provided with a peon, and maintain a pony.~~ ※ He shall keep a diary (Form which in the case of Municipalities shall be sent daily or twice a week to the ~~Chairman~~ Vice President who ~~shall invariably annotate~~ write comments it and ~~return it without delay~~ forward it to the Dt Sanitary Officer with his remarks ~~under his initials and date;~~ in the case of Taluk inspection the diary shall be sent to the ~~Chief Revenue Officer~~ Amildar of the Taluk who shall deal with it in the manner prescribed for ~~Chairmen~~ Vice Presidents of Municipalities. (As the Sanitary Inspectors in the Mysore State have also the duty of supervising minor works, in fact the duties of a work Overseer; it will be their duty to supervise such minor works as would ordinarily come under the supervision of an overseer, ~~but with this proviso that works which in their opinion are of a sanitary nature shall have precedence of all others.~~) On page 9

~~Should a difference of opinion~~ on these matters arise between them and the ~~Chief Revenue Officer~~ Amildar in a Taluk or ~~Chairman~~ Vice President of a Municipality the matter is to be referred at once to the District Sanitary Officer, who shall visit the place and give his opinion which shall be final; but in matters of drainage engineering, the decision of the Executive Engineer shall be taken.

qw

Rule 33 - Is it really possible to enforce this rule (1st Sentence) if so under what authority? The whole rule requires reconsideration & redrafting.

Rule 3 of Village 1st Rules

Rule 33. It will be an important part of the Sanitary Inspector's duty when visiting villages, to see that the Village Sanitation Rules are properly enforced & observed. He should, as far as possible, inspect all new houses, huts, sheds & rebuildings of old houses and the sanitary works undertaken in any such and see that the Sanitary Agency exercising the powers vested in him under the said Sanitation Rules, properly and with due regard to the sanitation of the village ...

with a fixed programme laid down by Govt in advance

VVExperience has taught me to regard this scheme as purely theoretical - & with reason & can never be practical

J. J. Aitchison
7-9-12

Each Dt will have such no. of vaccinators as may be decided ... to a Panel Village, & X S.S. ... it will be impossible to have ... vaccinators

33. No house shall be ~~ordinarily~~ built or drain made or other sanitary work under-taken in any village in a Sanitary Inspector's area without being approved of by the Sanitary Inspector. If the Chief Local Revenue authority or the Chairman of the Municipality as the case may be, differs from the Sanitary Inspector his objections must be clearly set forth in the Sanitary Inspector's diary. If the matter is, in the Sanitary Inspector's view of prime importance, he shall communicate with the District ~~Health~~ Officer (or District Sanitary Assistant as the case may be) who shall visit the place and offer his opinion which, ordinarily shall be final, except that where it is a District Sanitary Assistant appeal may be made to the District Medical and Sanitary Officer whose opinion shall, ordinarily be final. The principle to be observed is, that in all sanitary matters it is the Sanitary Officer's opinion that shall be final unless there are grave matters of policy concerned, when a compromise must be effected, ~~the~~ Commissioner appealed to for final order.

34. The appended forms, (marked II, III, IV & V), shall be used in making out programmes, reports etc.

II. Vaccination.

35. The sanctioned staff of the vaccinators numbers 99 graded as follows, the number in each grade being

	No.	Pay.
I	8	15
II	39	12
III	52	10

36. But under Government No. 1378-92 Sany. 93-06-8 dated the 10th August 1907 the numbers are to be reduced by two thirds. Hospital Assistants ~~shall~~ be appointed instead of the present staff and be termed Public Vaccinators.

37. The allowance and pay of the new staff will be as follows:-

Pay of rank as drawn in the Medical Department plus

9d

38 Every public vaccinator shall maintain a pony. Subject to the sanction of Government being obtained in each case, he will be provided with a peon. ✳

Govt.

✓ With 4 printed forms of instructions for the Patel of each village to be carried out for assisting the vaccinator in his work.

Vaccination

Each Dt will have such no. of vaccinators as may be decided upon by Govt from time to time. It will be the duty of the vaccinators to go about villages and induce people to have recourse to vaccination. He will make out.

The Dt Sanit Officer or the Dt Sanit Asst Surgeon shall control the work of the Public vaccinators & regulate their tours. Every month he will draw up a programme of the vaccinators tours for the following month. This programme should be sent to the Amildar concerned with printed forms of instruction for the Patel of each village to be carried out for assisting the vaccinators in his work.

After Rule 42, insert rules 45, 46, 47, 48 + 51

To Comm Gl Departmental Instructions +

(97)

plus Rs. 10/-, ~~professional~~ charge allowance and Rs. 10/- pony allowance.

~~38. Each such Public Vaccinator shall have a peon to assist him in his work.~~ The District Sanitary Officer or the District Sanitary Assistant shall control the work of the Public Vaccinators and regulate their tours. Every month, ~~the former officer shall~~ he will draw up a programme of the vaccinators' tours for the following month. This programme ~~will~~ should be sent to the Amildar concerned whose duty it will be to warn the patels of the villages to be visited to be present on the arrival of the vaccinator and assist him at his work.

39. ~~In the village to be visited~~ In every village where a vaccinator visits, a small clean room should be temporarily provided by the patel with a table and seat; also a vessel containing hot water.

40. To this room those to be vaccinated should be brought, but in the case of goshas the Public Vaccinators will visit them and operate in their houses if so desired. At the same time it is most desirable all vaccination should be carried out in the room set apart by the patel where facilities for carrying out the operation of vaccination are provided.

41. To facilitate the correspondence necessary ~~to the~~ carrying out of ~~this~~ procedure the following forms, marked (VI, VII, VIII & IX), will be used.

42. It shall be the duty of the Public Vaccinators ~~to make out~~ a vaccination statement for each village, showing the number of children in the village of 14 years and under and, after personal examination of them, determine how many are " unprotected ". He shall carefully note in connection with each of these the particulars required in the ordinary vaccination Registers. He shall then vaccinate

987

Instructions to
Patents should be
separated

This is bought and
Patents - such a
rule would be
an intolerable nuisance
- Quite so
P. J. A
7-9-12

(94)

vaccinate as many of the unprotected as possible ticking them off in the " Vaccination State " Register, and entering them as well in his usual Register. The " Vaccination state" Register shall be carefully preserved by the patel amongst his records, and must always be produced when the vaccinator comes so that the latter may enter all new children that have arrived since last visit, and vaccinate them if possible. At every village it shall be the duty of the patel to provide a suitable room for the vaccinator to live in and to perform vaccination, where there is not suitable accommodation in the Musaferkhana. The room should be thoroughly white-washed and be otherwise in a sanitary condition.

Rule 45 44, 47 46 & 51 may be united here

III. General Departmental Instructions and Rules.

43. The Registrars of Births and Deaths and other Medical Officers and subordinates in the Bangalore and Mysore cities shall not, without the special permission of the Health Officer in each case, treat plague patients privately and thereby delay segregation, disinfection etc.

44. No Officer or Subordinate shall have any connection with any movement that involves the formation of factions of any description, or shall indulge in any procedure that may alienate any section of the community from him.

Vaccination

45. Vaccination in urban areas forms part of the regular duties of Hospital Assistants in charge of Dispensaries. They shall set one morning a week apart for going round the village on vaccination work - up till ~~ne~~ 9.30 A.M. - after which they should attend to their dispensary work.

46. The Health officers in the cities of Mysore and Bangalore are Ex-officio Medical Officers in charge of the ~~Epidemic Diseases~~ Sanitary Hospitals, responsible both for the management of the hospital and treatment of the patients etc.

100

Genl ~~Dept~~ Instructions & Rules

Zam Rule 58 - Sim 1-
57, 61, 62, 66
J. Rule 63 -
49 - ~~60~~ 50, 63 64 (?)
~~51~~, 52, 53 54 55, 56, 62,

1

Instructions & Rules etc.

Corrg rules issued vide G.O. dt 10-8-1910.

2

3. Rule - 39, 40,
Latter half of rule 42.

46 ~~47~~. Vaccinators should see that no attempts to rub off the vaccine virus are made for at least 5 minutes after its insertion.

47 ~~48~~. Hospital Assistants shall indent for and get supplies of fresh paste as often as may be necessary rather than keep old supplies which often prove ineffective

48 ~~49~~. Whenever any particular supply of vaccine issued is found inefficient the matter should be reported direct to the Superintendent, Vaccine Institute and the remainder of the sample, if any, is to be sent at the same time to that officer. A copy of the report should be submitted to the Sanitary Commissioner's office.

49 ~~50~~. Every Medical Officer and Subordinate in charge of Local Fund Dispensaries and other Medical Institutions under the control of the District Medical Officer shall inspect the Government and grant-in-aid schools ~~monthly~~ every fortnight in the town or union in which he is stationed with a view to examine all sickly children attending such schools and recommend such of them as require it to undergo treatment at the Dispensary at an hour that will not interfere with the school work. In stations where there are 8 or 10 schools it would suffice if 2 schools a week are examined. The term school includes grant-in-aid schools.

50 ~~51~~. ~~Hospital Assistants~~ shall communicate with the Deputy Inspectors of schools direct, when they find on visiting a school any sanitary defects.

51 ~~52~~. The ~~Hospital Assistant~~ should every year take a census of unprotected children of 14 years and under entering their names etc in the printed Vaccination Register Form with particulars as to the street and door number. He is then to endeavour to get them all vaccinated transferring the names of all those done into the Regular Vacci

Vaccination Register. He should also carefully file ~~them~~ by themselves the monthly returns of births furnished by the Amildar and se to the vaccination of the children in due course.

~~Water Bottle,~~ -

There

52 ~~55~~. In every Dispensary shall be hung in a conspicuous place on the wall a card carefully dated showing the results of analysis of the main drinking water supplies for the town, the malarial index and the vaccination state, information being also kept in the office records.

for analysis

53 ~~54~~. In sending samples of water to the Chemical Examiner and Bacteriologist to Government, at least half a gallon of each sample together with the following information should be furnished (1) place, date and hour of collection (2) source of sample (3) if from well, the approximate depth (4) characters of the soil and subsoil (5) rainfall if any during the previous week and (6) nature and distance of any evident or possible source of pollution.

54 ~~55~~. Before sinking any new well or Before utilising the existing sources of water supply to lay on pipes to a town or village the authorities concerned shall consult the Health Department and the Chemical Examiner and Bacteriologist to Government, in respect of the fitness for human use ~~or otherwise~~, of the water available.

Epidemic Diseases

55 ~~56~~. In District where a full-time Sanitary Officer has been appointed it shall be the duty of the ~~Hospital~~ Sub Asst Surgeon ~~Assistants~~ to forward to him immediately any report of epidemic diseases that may be received by them from Revenue ~~and~~ or other officers, to attend at once to the medical aid of sufferers, and to advise as to Sanitary measures pending the arrival of the District Health Officer himself; but formal reports of the progress of epidemics shall form no part of the duties of the ~~Hospital Assistants~~ Sub Asst Surgeon. ~~In~~

The Dist. Sanitary officer may, on occasions when he desires the cooperation of the D.M.O or his subordinates, arrange with the D.M.O, for such Co-operation, after ~~consulting the~~ obtaining the sanction of the senior Surgeon whenever necessary

Issued with
Govt order
No 1389-98
San 199-09-H
dt 10-8-98

fever even with no buboes, to communicate at once with the nearest Hospital Assistant, and when he arrives to carry out the Hospital Assistant's instructions as far as he can. In villages where ~~man~~ men can be had on daily wages for sanitary work, the patel shall warn one or two men to be ready for such work at the same time that he sends word to the Hospital Assistant. Meantime, and supposing it is dead rats that have been discovered, the patel should use every effort to induce the villagers to prepare for camping out.

60 ~~61~~. Till District Sanitary Officers are appointed the District Medical and Sanitary Officers shall send to the Sanitary Commissioner brief summaries of sanitary events in their Districts, fortnightly or as often as may seem necessary.

61 ~~62~~. Revenue Officers shall assist the Sanitary Officers in every reasonable manner and take a special interest in the advancement of vaccination and the collection of reliable vital statistics.

62 ~~63~~. The District Medical and Sanitary Officer or the District Sanitary Officer, as the case may be, shall report to the D.I. Com.r of the D.I. any unreasonable delay on the part of Municipalities in carrying out improvements they have promised to carry out on the recommendation of the sanitary authority.

63 ~~64~~. District Medical and Sanitary and District Sanitary Officers are required to report on the sanitary condition of all colleges and schools within their jurisdiction including grant-in-aid schools. Where there is a District Sanitary Assistant these reports may be made by him and forwarded through the District Medical and Sanitary Officer to the Sanitary Commissioner for the information of Government and in case the school is ~~in~~ an aided school or supported partly by any local body a copy should be sent to that body.

105)

(c) The Sanitary Commissioner agrees

64. When any private body applies for a grant-in-aid for a school, the opinion of the District Sanitary authority as regards the fitness of the building for school purposes shall be obtained before the application is sanctioned.

I fear this will be found to involve delay and loss of public money

66. The District Medical and Sanitary Officer may, with the previous consent of the municipal council, attend any meetings thereof and take part in the discussion or consideration of any question on which he considers his opinion would be useful to the council.

69. It shall be the duty of the District Sanitary Board to advise Municipal and District Boards in regard to all schemes of sanitary improvement which may be under the consideration of such Boards. All schemes involving an expenditure of over Rs. 1,000/- shall be submitted to the Central Sanitary Board. It shall be the duty of the Central Sanitary Board to consider all such schemes and advise Government as to their desirability.

70. All communications to the Sanitary Board should be addressed to the Secretary.

71. All plans and estimates requiring sanction should be submitted to the Chief Engineer, in whose office all engineering details will be scrutinised.

72. The Board will ordinarily transact business by circulating papers but the President may convene a meeting at any time for discussing important matters. The Secretary will summarise the opinion of the Board and forward it to Government with all the connected papers, through the Chief Engineer.

73. The President may through the Secretary call for such information from local bodies and Government officers as may be necessary for the furtherance of the business before the Board. Such information shall be called for by letter and not in the form of a proceedings.

74. All works relating to the building of Hospitals, Dispensaries, markets, slaughter-houses, latrines, incinerators, urinals, cesspools and all work relating to water supply and drainage; all public buildings intended for the accommodation regularly or periodically of large numbers of people such as schools, colleges, halls, theatres etc are sanitary works, plans for which shall not be carried out till passed by the Sanitary authority.

75. The limit of expense laid down above and which

Rules regarding the status of the Public Health Department in the districts.

76 1. The District Sanitary Officer is the Deputy Commissioner's Assistant sanitary and health matters, and is directly subordinate to him. In technical a scientific matters, however, he will be subject to the orders of the Sanitary Comm sioner.

77 2. He shall submit his tour programme for each month to the Depu Commissioner a week before its commencement and shall adopt such modificatic as may be directed.

78 3. The diaries and special reports of the District Sanitary Officer shall, in t first place, always be forwarded to the Deputy Commissioner for remarks a orders; the latter shall return them to the District Sanitary Officer for action a for transmission to the Sanitary Commissioner.

79 4. The District Sanitary Officer is the immediate superior of the Distr Vaccination officials, and of the Sanitary Inspectors, except that Sanitary Inspe ors paid from Municipal Funds shall be under the orders of the Municipal Board all save technical and scientific matters. The District Sanitary Officer may tra fer vaccinators in the district from one place to another, notifying such chan of station to the Sanitary Commissioner.

80 5. The Sanitary Inspectors will submit their diaries to the Amildar of the taluk or Vice-President of the Municipality in which they are employed, and that officer will pass them on to the District Sanitary Officer with his remarks. The District Sanitary Officer shall report such matters as he deems necessary to the Deputy Commissioner with a view to obtaining his orders for the Amildars to carry out the sanitary measures advised.

81 6. This will not interfere with the Amildar or Chairman of the Municipality or taluk giving orders to the Sanitary Inspectors in matters pertaining to his duties.

82. If a conflict of opinion as to which work should be undertaken first, that is, a work ordered by the Amildar or Chairman and one ordered by the District Sanitary Officer the matter is to be reported by the District Sanitary Officer to the Deputy Commissioner whose decision shall be final. Decisions in questions of this sort shall never be left to a subordinate Revenue Officer.

83. In extreme cases, differences of opinion should be referred to the Sanitary Commissioner - an event which will be rarely necessary.

84. When the Sanitary Commissioner, his Deputy or the District Sanitary Officer visits a place and finds conditions that require immediate attention, conditions obviously the result of neglect or ignorance or of both, the Sanitary staff should invariably be at the disposal of such visiting officer to have things put right without delay and thus demonstrate practically what is required to be done.

85. Procedures of this sort should not involve any extra outlay. When outlay is necessary, the Chairman must be consulted, or if necessary, the Deputy Commissioner

86. In regard to ~~the~~ Public Vaccinators, once they are posted to a District by the Sanitary Commissioner they shall be under the orders of the District Sanitary Officer to direct and check their work in the manner hitherto in force and hitherto carried out by the Deputy Inspectors of Vaccination. The District Sanitary Officer shall post them to such taluks and circles as he thinks best for the purpose of vaccination, notifying any changes of station to the Sanitary Commissioner for the information of the Inspector of Vaccination.

87. When the interests of the service require it the

N. Two reserve vaccinators should be attached to each District Sanitar
fficer to fill vacancies due to illness or to relieve vaccinators granted leave.

~~21~~ 20

APPENDIX V. 111

RULES DEALING WITH THE DRINKING WATER-SUPPLY OF VILLAGES ON OCCASIONS OF CHOLERA OUTBREAKS.

The drinking water is usually obtained from one of four sources: (*a*) Wells, (*b*) Tanks, (*c*) Running Streams, (*d*) from pipes leading from a public reservoir. In time of cholera, these different sources should be treated as follows:—

(*a*) WELLS.

Dissolve sufficient permanganate of potash in the well to make the water pink, mixing the water properly. Place a guard on the well to see that it is not further polluted. Provide a new vessel and rope and see that none else is used to raise the water. No stranger to be allowed to raise water on any account. The guard must raise the water for him. No one must wash near the well, particularly strangers.

(*b*) TANKS.

Dig a well in such a place that it will fill from water oozing from the tank. Place a guard on the well and deal with it as under rule (*a*). There is no good in trying to disinfect a tank.

(*c*) RUNNING STREAMS.

Act as directed under rule (*b*).

(*d*) PIPE WATER FROM A PUBLIC RESERVOIR.*

Disinfect the reservoir as under rule (*a*) and use well or other protected water for a week. After the water in the reservoir has been made pink with permanganate, the stand pipes and all distribution taps should be turned on till the water from them all is found to be pink, when they may be turned off.

GENERAL RULE.

Stick on the door of *every* house a label printed in the vernacular as follows:—

The water-supply has been poisoned with cholera: therefore boil well all water used for drinking or cooking or for washing the mouth. Boiling makes the poisoned water healthy.

PRECAUTIONS TO BE OBSERVED ON THE APPROACH OF CHOLERA.

A.—Habitations.

"1. Each house must be thoroughly cleansed, that is, all manure, dirty water, washings of cattle stalls and collection of dirt of any description must be completely removed.

"2. Where the earth remains damp and foul after such removal, it should be dug up till dry and clean earth is reached.

"3. The old earth should be taken far from the town and may be used as manure for the fields; new earth from a clean place should be laid down.

---

*Such as the storage reservoir of a filter-bed.

"4. The interior and exterior of houses should be whitewashed. If persons cannot afford to do the outside, the inside at least should be whitewashed.

"5. Bundles of clothing and other materials hanging from the beams, or occupying in any other way the rooms in which persons sleep, should be removed. All such articles should be well aired daily if the whether is dry.

"6. Doors and windows should at all possible hours be left open, so that free ventilation be obtained.

"7. If private latrines are used, they must be kept free from fæcal matter by removal at least twice daily.

"8. The drains leading from houses should be cleansed twice daily.

"9. Cess-pools and pits for receipt of urine of cattle should be emptied daily.

B.—The Person.

"1. The body and clothing should be kept scrupulously clean. If delicate, persons should use warm, not cold baths.

"2. The food should be plain, nourishing and of good quality.

"3. All vegetables, or leaves, or fruits, likely to cause diarrhœa, should be abandoned.

"4. All forms of drinking to excess, debauchery, late hours and exposure to wet and cold should be avoided.

"5. Cold cooked food should never be used. Care should be taken not to allow flies to settle upon food. Vegetables and leaves should never be eaten otherwise than after cooking. Before being cooked, they should be well washed in water that has been purified by ~~by~~ boiling. Salt should be freely used with the diet; but, on the other hand, it must not be used in such unusual amounts as to excite uneasiness or looseness of the bowels.

"6. An inferior quality of water should not be kept in the house; only the cleanest available should be employed.

"7. Water for drinking purposes and for washing the mouth or eating and drinking vessels, and milk, should be boiled before use.

"8. No purgatives should be taken.

"9. Any tendency to diarrhœa should at once be checked by the taking of appropriate medicines; any person having more than two motions in twenty-four hours should take this precaution.

"10. No fear should be felt, nor should the subject of cholera be constantly thought or spoken of."

Note.—Of the above rules, only those that treat directly of the water-supply are of unquestioned importance in preventing cholera.

The cholera poison must be swallowed before a person can contract the disease.

It is usually swallowed in water, and the water gets poison usually by a stranger coming from an infected locality with the poison on his vessels and cloths, and drawing water with his dirty vessel. Or, he comes already poisoned with cholera to visit a friend and thus pollutes his friend's vessels and cloths. Next time these vessels are used to draw water, the well is poisoned, and many of the people who afterwards use that water die of cholera.

So it is the infected stranger or visitor who poisons the water, and it is the poisoned water that gives the people the cholera. The lesson is clear: the drinking water must be kept free from pollution, especially by strangers, and if by any chance it has got poisoned, it must be purified before use, and the source of it protected from further pollution.

This note is added in order to place the protection and purification of the water far above all other so-called means of preventing cholera, and in order to do away with the idea that cholera can be prevented by any other means than the protection and purification of all water which by any chance may enter the mouth.

JOHN SMYTH, M.D., Lt.-Col., I. M. S.,
Offg. Sr. Surgn. and Sany. Comr. with the Govt. of Mysore.

I—No. 2.

Programme of work to be done by the [redacted] District [redacted] Sanitary Officer, [redacted] district, for the month of _____ 190 .

Taluk.	Village number.	Name of union, village, hamlet or other place to be visited.	Probable date of visit.	Probable date of departure.	Distance from head-quarters.	Distance from last village visited.	Date of last visit.	Purpose of visit.	Remarks.
1	2	3	4	5	6	7	8	9	10

Subjects to be reported upon.

ial diseases. [State configuration of surrounding country; peculiarities of surface drainage, soil, sub-soil, and sub-soil water fluctuation within the inhabited site and neighbourhood; condition of dwellings; overcrowding on site, etc.; price and nature of food; price of labour epizootics.]

onservancy. Method of rubbish collection and ultimate disposal; staff—number of each grade, pay, sufficiency. Latrines—number, plan, materials, fitness, sanitary state, sufficiency. Method of night-soil collection and ultimate disposal; staff—number of each grade, pay, sufficiency.

ewerage. Sewerage: mode of collection of sewage and ultimate disposal.

Water supply. Describe sources: sufficiency and quality; method of protection employed and sanitary defects incident to collection, storage, or distribution and point to existing and possible modes of contamination.

Dangerous trades. State of slaughter-houses, markets, offensive trades.

Sanitary dministration. Sanitary bearings of disposal of the dead.—Point out defects in organization of sanitary staff—in *personnel*, method of work and supervision; state financial, sanitary, and economical results of rubbish, sewage and night-soil disposal; criticise the financial conditions and administration of the town or village so far as these may have an influence in securing sanitary reform; state the extent to which the law under which the local authority acts is made use of; and by the Police in sanitary cases.

Village Sanitary Inspection book, whether maintained correctly; abstract any information that may be of importance, especially as proving persistence of special disease due to removable causes. State arrangements for infectious diseases.

Report on the Sanitary condition of in the Taluk of the District.

By ~~Surgeon~~ DSO

VITAL STATISTICS.

POPULATION (CENSUS, 1901)

Last three years.	Births.	Rate per mille of population.	Cholera.		Small-pox.		Fevers.		Dysentery and Diarrhœa.		Other causes.		Total deaths.	Rate per mille of population.	Deaths of infants below one year of age.	Deaths of children under five years.
			No.	P. C. of total deaths.	No.	P. C. of total deaths.	No.	P. C. of total deaths.	No.	P. C. of total deaths.	No.	P. C. of total deaths.	No.			
190 ..																
190 ..																
190 ..																
Total ..																

Result of verification by Inspecting officer.

Condition of registers.

Remarks.

VACCINATION.

Last three years.	Total number vaccinated.	Number vaccinated successfully.	Number vaccinated under 1 year of age.	Number of revaccinations.	Number verified by Inspecting Officer.	Nature of lymph used.	Maintained or not	
							Unprotected lists.	Village vaccination register.
190 ..								
190 ..								
190 ..								
Total ..								

REMARKS.

INSTRUCTIONS.

1. Inspecting officers are asked to kindly bear mind that mere descriptions of sanitary errors are of utility when reporting to a local authority or this fice. *Each statement of error must be followed by tailed—not mere general—suggestions for remedy.* ocal authorities are far more likely to lay out money with recommendations a statement of cost is pplied. Therefore when advising new works or pair of works, their nature should be carefully scribed and should be illustrated wherever necessary ith rough but intelligible sketches exhibiting upon em measurements; and wherever possible in dealing ith minor and petty works, complete plans and timates should be furnished. If the cost exceeds s. 200, the local authority before executing a sani- ry work should submit the proposal for scrutiny by ie Sanitary Board.

2. Items shown in square brackets need not be eated in reporting, unless it be necessary to prove ie existence of sanitary errors, or afford facts upon hich improvements advised are based.

3. Where it is found that Village Heads have eglected Orders of Government, or Standing Orders of [illegible], as to sani- tion, vaccination, or registration, a separate report etailing the circumstances should be forwarded.

4. One copy of the report should be forwarded to ie local authority concerned, another to the Sanitary ommissioner for Madras.

W. G. KING, M.B., C.M., D.P.H.,
Lieut.-Col., I.M.S.,
Sanitary Commissioner for Madras.

INSPECTION REPORT.

From

To

THE SANITARY COMMISSIONER

FOR MADRAS.

Dated
Despatched, } 190
Received

No.

Subject.

Forwarding Inspection Report on the

Sanitary condition of

Village
Town , Taluk

District.

FORM A.

Office of the ~~Deputy Inspector~~ of
~~Vaccination~~, _____ District.

From
The ~~Deputy Inspector of Vaccination~~,

_____ District.

To
The Amildar of the

_____ Taluk.

~~Sir~~,

I ~~beg~~ to ~~report~~ that the Vaccinators as per margin will visit the villages opposite their names on the dates noted.

~~I enclose~~ Jakids to the heads of the villages for favor of ~~your~~ signature and early despatch.

I beg to remain,
Sir,
~~Your most obedient servant~~,

~~Dy Inspector of Vaccination~~ _____ Dt.

GPB—10,000—2-2-08

(14

VII

Sur. 9] FORM B.

.....ತಾಲ್ಲೂಕು ಅಮಲ್ದಾರ್ರವರಿಂದ.

.....ಹೋಬಳಿ,.....ಗ್ರಾಮದ ಪಟೇಲನಿಗೆ ಹುಕುಂ.

ಈ ತಾಲ್ಲೂಕು ವ್ಯಾಕ್ಸಿನೇಟರವರು ನಿಮ್ಮ ಗ್ರಾಮಕ್ಕೆ.....ನೇ ತಾರೀಖಿನಲ್ಲಿ ಬರುತ್ತಾರೆ. ಇವರು ಬಂದಕೂಡಲೆ, ಗ್ರಾಮದಲ್ಲಿ ಶಿಡುಬು ಎಬ್ಬಿಸದೇ ಇರತಕ್ಕ ಮಕ್ಕಳ ಪಟ್ಟಿಯನ್ನು ತಯಾರ್ಮಾಡಿಕೊಟ್ಟು, ಇವರು ನಿಮ್ಮ ಗ್ರಾಮದಲ್ಲಿ ಇರುವವರಿವಿಗೂ ಇವರ ಸಂಗಡಲೇ ಇದ್ದು, ಶಿಡುಬು ಹಾಕಿಸಿಕೊಳ್ಳುವದರಿಂದ ಉಂಟಾಗುವ ಪ್ರಯೋಜನಾಂಶವನ್ನು ಜನಗಳಿಗೆಲ್ಲಾ ತಿಳಿಯಪಡಿಸಿ, ತಮ್ಮ ತಮ್ಮ ಮಕ್ಕಳಿಗೆ ಶಿಡುಬು ಹಾಕಿಸುವಂತೆ ಪ್ರೋತ್ಸಾಹಪಡಿಸತಕ್ಕದ್ದು. ವ್ಯಾಕ್ಸಿನೇಟರು ಗ್ರಾಮ ಬಿಟ್ಟು ಹೊರಟಕೂಡಲೇ, ಇದರ ಸಂಗಡ ಕಳುಹಿಸಿರುವ ನಮೂನೆಯನ್ನು ಭರ್ತಿಮಾಡಿ.....ನೇ ಡಿಸ್ಟ್ರಿಕ್ಟ್ ವ್ಯಾಕ್ಸಿನೇಷನ್ ಡೆಪ್ಯುಟಿ ಇನ್ಸ್ಪೆಕ್ಟರವರಿಗೆ ರವಾನೇ ಬಗ್ಗೆ ನಮ್ಮ ಆಫೀಸಿಗೆ ಕಳುಹಿಸಿಕೊಡತಕ್ಕದ್ದು.

ವ್ಯಾಕ್ಸಿನೇಟರು ಗ್ರಾಮಕ್ಕೆ ಬರುವ ತಾರೀಖಿನಲ್ಲಿ, ಜರೂರಿಯಾದ ರೆವಿನ್ಯೂ ಕೆಲಸವಿದ್ದು, ಅವರ ಸಂಗಡ ಇರುವದಕ್ಕೆ ಅವಕಾಶವಿಲ್ಲದಿರುವ ಸಂದರ್ಭದಲ್ಲಿ, ಆ ಬಗ್ಗೆ ಸ್ಪೆಷಲಾಗಿ ನಮಗೆ ರಿಪೋರ್ಟು ಮಾಡತಕ್ಕದ್ದಿಧೆ.

ಅಮಲ್ದಾರ್,

ತಾ॥ 190 .....ತಾಲ್ಲೂಕು.

GPB—20,000—18-6-09

San. 5]

ಫಾರಂ ಸಿ. 2

VIII (Counterfoil)

ತಾಲ್ಲೂಕು.....

ಗ್ರಾಮ.....

ವ್ಯಾಕ್ಸಿನೇಟರ ಹೆಸರು.....

ಗ್ರಾಮಕ್ಕೆ ಬಂದ ತಾರೀಖು.....

ಗ್ರಾಮವನ್ನು ಬಿಟ್ಟ ತಾರೀಖು.....

ಶಿಡುಬುಹಾಕಿದ ಮಕ್ಕಳ ಸಂಖ್ಯೆ.....

ಹಾಕಿದವರ ಪೈಕಿ ಅಜಮಾಯಿಷಿಮಾಡಿದ ಸಂಖ್ಯೆ.....

ಚನ್ನಾಗಿ ಉಬ್ಬಿ ಗುಣವಾದವರ ಸಂಖ್ಯೆ.....

ಪಟೇಲನ ರುಜು.

(ಪರಾ.—ವ್ಯಾಕ್ಸಿನೇಟರು ಗ್ರಾಮಕ್ಕೆ ಬಂದು ಹೋದನಂತರ, ಪಟೇಲನು ಈ ನಮೂನೆಯನ್ನು ಭರ್ತಿಮಾಡಿ ಡೆ" ಇಪ್ಪಿ ಆಫ್' ವ್ಯಾಕ್ಸಿನೇರ್ಷರವರಿಗೆ ರವಾನೆ ಬಗ್ಯೆ, ಅಮಲ್ದಾರ್ರವರ ಆಫೀಸಿಗೆ ಕಳುಹಿಸತಕ್ಕದ್ದು.)

GPB—1,000 books of 50 sheets each—20-9-69

ಫಾರಂ ಸಿ. 2

(Foil)

ವ್ಯಾಕ್ಸಿನೇಟರು.....ವರು .....ಗ್ರಾಮಕ್ಕೆ.....

.....19 ...ನೇ ತಾರೀಖು.....ಘಂಟೆಗೆ ಬಂದು..... ನೇ

ತಾರೀಖು.....ಘಂಟೆವರೆವಿಗೂ, ಗ್ರಾಮದಲ್ಲಿದ್ದು.....ಮಕ್ಕಳಿಗೆ

ಶಿಡುಬುಹಾಕಿ.....ಶಿಡುಬುಹಾಕಿದ್ದ ಮಕ್ಕಳನ್ನು ಪರೀಕ್ಷೆಮಾಡಿದರು.

ಈ ಪೈಕಿ.....ಮಕ್ಕಳಿಗೆ ಶಿಡುಬು ಚನ್ನಾಗಿ ಉಬ್ಬಿ ಗುಣವಾಗಿದೆ.

ಗ್ರಾಮದ ಹೆಸರು..... ರುಜು.

ತಾರೀಖು.....19 ——ಹುದ್ದೆ.——

(ಪರಾ.—ವ್ಯಾಕ್ಸಿನೇಟರು ಗ್ರಾಮಕ್ಕೆ ಬಂದು ಹೋದ ಒಡನೆಯೇ ಪಟೇಲನು ಈ ನಮೂನೆಯನ್ನು ಭರ್ತಿಮಾಡಿ ವ್ಯಾಕ್ಸಿನೇರ್ಷ ಡೆಪ್ಯೂಟಿ ಇನ್ಸ್ಪೆಕ್ಟರವರಿಗೆ ರವಾನೆ ಬಗ್ಯೆ, ಅಮಲ್ದಾರ್ರವರ ಆಫೀಸಿಗೆ ಕಳುಹಿಸತಕ್ಕದ್ದು.)

K. D. 4.] Serial No. 1

ORIGINAL.

To be filled up by the Vaccinator immediately after the day's work and retained as his office copy

ವ್ಯಾಕ್ಸಿನೇಟರುಗಳು ಆಯಾ ದಿವಸದ ಕೆಲಸ ಪೂರೈಸಿದ ಒಡನೆಯೆ ಈ ಫಾರಂನ್ನು ಭರ್ತಿಮಾಡಿ ದಾಖಲೆ ಬಗ್ಗೆ ತನ್ನ ಆಫೀಸಿನಲ್ಲಿ ಉಳಿಸಿ ಕೊಳ್ಳತಕ್ಕದ್ದು

Taluk
ತಾಲ್ಲೂಕು

Village
ಗ್ರಾಮ

Name of Vaccinator
ವ್ಯಾಕ್ಸಿನೇಟರ ಹೆಸರು

Date of { Arrival ಗ್ರಾಮಕ್ಕೆ ಬಂದದ್ದು / Departure ಗ್ರಾಮವನ್ನು ಬಿಟ್ಟದ್ದು } ತಾರೀಖು

Number of operations performed
ವ್ಯಾಕ್ಸಿನೇಷ್ಟ ಮಾಡಿದ ಸಂಖ್ಯೆ

Number of cases inspected on
ಅಜಮಾಯಿಷಿ ಮಾಡಿದ ಸಂಖ್ಯೆ

Date
ತಾರೀಖು

Number of successful cases
ಸರಿಯಾಗಿ ಹಾಲು ತುಂಬಿ ಗುಣವಾದ ಸಂಖ್ಯೆ

* Remarks ಷರಾ

* Here state circumstances affecting progress of work such as attitude of people, help rendered by the Patel, etc. State also the number of unprotected children yet remaining to be vaccinated in the village and *when* you propose to vaccinate them.

ಇಲ್ಲಿ ಕೆಲಸ ನಡೆಯಲು ಪ್ರತಿಬಂಧಕವೇನಾದರೂ ಇದ್ದಲ್ಲಿ ಸೂಚಿಸತಕ್ಕದ್ದು. ಇದು ಅಲ್ಲದೆ ದೇವಿ ಹಾಕದೆ ಇರತಕ್ಕ ಮಕ್ಕಳ ಸಂಖ್ಯೆ ಮತ್ತು ಆ ಮಕ್ಕಳಿಗೆ ಯಾವಾಗ ದೇವಿ ಹಾಕಲು ಏರ್ಪಾಡು ಮಾಡಿರುತ್ತೀ ಎಂಬ ಮುಂತಾದ ಸಂಗತಿಗಳನ್ನೂ ಸಹ ತಿಳಿಸತಕ್ಕದ್ದು.

Name of village
ಗ್ರಾಮದ ಹೆಸರು

Date ತಾರೀಖು

Signature of Vaccinator.
ವ್ಯಾಕ್ಸಿನೇಟರ ದಸ್ಖತ್ತು.

GPB—1,000 books of 100 each—11-20-09

K. D. 4.] FORM D. ಫಾರಂ. D. Serial No. 1

DUPLICATE.

To be filled up by the Vaccinator and despatched immediately after the day's work to the District Sanitary Officer

ವ್ಯಾಕ್ಸಿನೇಟರುಗಳು ಆಯಾ ದಿವಸದ ಕೆಲಸ ಪೂರೈಸಿದ ಒಡನೆಯೆ ಈ ಫಾರಂನ್ನು ಭರ್ತಿಮಾಡಿ ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಸ್ಯಾನಿಟರಿ ಆಫೀಸರಿಗೆ ರವಾನಿಸತಕ್ಕದ್ದು

Taluk
ತಾಲ್ಲೂಕು

Village
ಗ್ರಾಮ

Name of Vaccinator
ವ್ಯಾಕ್ಸಿನೇಟರ ಹೆಸರು

Date of { Arrival ಗ್ರಾಮಕ್ಕೆ ಬಂದದ್ದು / Departure ಗ್ರಾಮವನ್ನು ಬಿಟ್ಟದ್ದು } ತಾರೀಖು

Number of operations performed
ವ್ಯಾಕ್ಸಿನೇಷ್ಟ ಮಾಡಿದ ಸಂಖ್ಯೆ

Number of cases inspected on
ಅಜಮಾಯಿಷಿ ಮಾಡಿದ ಸಂಖ್ಯೆ

Date
ತಾರೀಖು

Number of successful cases
ಸರಿಯಾಗಿ ಹಾಲು ತುಂಬಿ ಗುಣವಾದ ಸಂಖ್ಯೆ

Remarks ಷರಾ

* Here state circumstances affecting progress of work such as attitude of people, help rendered by the Patel, etc. State also the number of unprotected children yet remaining to be vaccinated in the village and *when* you propose to vaccinate them.

ಇಲ್ಲಿ ಕೆಲಸ ನಡೆಯಲು ಪ್ರತಿಬಂಧಕವೇನಾದರೂ ಇದ್ದಲ್ಲಿ ಸೂಚಿಸತಕ್ಕದ್ದು. ಇದು ಅಲ್ಲದೆ ದೇವಿ ಹಾಕದೆ ಇರತಕ್ಕ ಮಕ್ಕಳ ಸಂಖ್ಯೆ ಮತ್ತು ಆ ಮಕ್ಕಳಿಗೆ ಯಾವಾಗ ದೇವಿ ಹಾಕಲು ಏರ್ಪಾಡು ಮಾಡಿರುತ್ತೀ ಎಂಬ ಮುಂತಾದ ಸಂಗತಿಗಳನ್ನು ಸಹ ತಿಳಿಸತಕ್ಕದ್ದು.

Name of village
ಗ್ರಾಮದ ಹೆಸರು

Date ತಾರೀಖು

Signature of Vaccinator.
ವ್ಯಾಕ್ಸಿನೇಟರ ದಸ್ಖತ್ತು

K. D. 4.] Serial No. 1

TRIPLICATE.

To be filled up by the Vaccinator immediately after the day's work and given to the Patel

ವ್ಯಾಕ್ಸಿನೇಟರುಗಳು ಆಯಾ ದಿವಸದ ಕೆಲಸ ಪೂರೈಸಿದ ಒಡನೆಯೆ ಈ ಫಾರಂನ್ನು ಭರ್ತಿಮಾಡಿ ಪಟೇಲನ ವಶಕ್ಕೆ ಕೊಡತಕ್ಕದ್ದು

Taluk
ತಾಲ್ಲೂಕು

Village
ಗ್ರಾಮ

Name of Vaccinator
ವ್ಯಾಕ್ಸಿನೇಟರ ಹೆಸರು

Date of { Arrival ಗ್ರಾಮಕ್ಕೆ ಬಂದದ್ದು / Departure ಗ್ರಾಮವನ್ನು ಬಿಟ್ಟದ್ದು } ತಾರೀಖು

Number of operations performed
ವ್ಯಾಕ್ಸಿನೇಷ್ಟ ಮಾಡಿದ ಸಂಖ್ಯೆ

Number of cases inspected on
ಅಜಮಾಯಿಷಿ ಮಾಡಿದ ಸಂಖ್ಯೆ

Date
ತಾರೀಖು

Number of successful cases
ಸರಿಯಾಗಿ ಹಾಲು ತುಂಬಿ ಗುಣವಾದ ಸಂಖ್ಯೆ

* Remarks ಷರಾ

* Here state circumstances affecting progress of work such as attitude of people, help rendered by the Patel, etc. State also the number of unprotected children yet remaining to be vaccinated in the village and *when* you propose to vaccinate them.

ಇಲ್ಲಿ ಕೆಲಸ ನಡೆಯಲು ಪ್ರತಿಬಂಧಕವೇನಾದರೂ ಇದ್ದಲ್ಲಿ ಸೂಚಿಸತಕ್ಕದ್ದು. ಇದು ಅಲ್ಲದೆ ದೇವಿ ಹಾಕದೆ ಇರತಕ್ಕ ಮಕ್ಕಳ ಸಂಖ್ಯೆ ಮತ್ತು ಆ ಮಕ್ಕಳಿಗೆ ಯಾವಾಗ ದೇವಿ ಹಾಕಲು ಏರ್ಪಾಡು ಮಾಡಿರುತ್ತೀ ಎಂಬ ಮುಂತಾದ ಸಂಗತಿಗಳನ್ನೂ ಸಹ ತಿಳಿಸತಕ್ಕದ್ದು.

Name of village
ಗ್ರಾಮದ ಹೆಸರು

Date ತಾರೀಖು

Signature of Vaccinator
ವ್ಯಾಕ್ಸಿನೇಟರ ದಸ್ಖತ್ತು.

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

(Draft) Encl Cable with office Cable Sanity 6-11.

GOVERNMENT OF MYSORE

1707 21 & 12

Sanity 6-11-2 GRS

Dear Sir

I herewith ~~send~~ send for your perusal the file relating to the draft Sanitary Code. ~~has been returned to you unofficially for further remarks~~. You will see that the Dewan has ordered the Code may be recast in communication with you. I think the best thing will be for us both to go through the Code and see in what

Thanks.

Please have the draft typed in duplicate for my signature

25 21/8/12

Please confirm

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—25,000—11-11-11

Sec 21/8/12 M 21/8/12

(126

(126

Cer / Sanitary Code
& Sani Eg 6-11-

1707

Sani Eg 6-11-2

General and Revenue Secretariat.

Dated Bangalore 21st August 1912.

Dear sir,

I herewith send for your perusal the file relating to the draft Sanitary Code. You will see that the First Councillor has suggested some alterations in the draft Code and that the Dewan has ordered that the Code may be recast in communication with you. I think the best thing will be for us both to go through the Code and see in what manner the Code may be suitably re-cast. Will you please therefore let me know -- when you will find it convenient to meet me so that we may go through the Code together ? Any day next week except Friday will suit me.

Yours sincerely,

P.S.Achyuta Rao, Esq.,

Sanitary Commissioner in Mysore.

G.R.S. 26]

File No. 6-11

Serial No. 3

Diary No. of letter replied to 106 of 1911

Govt Hill

No. 7639 Sanitary 6-11-

dy 28.3.13.

General and Revenue Secretariat
(Sanitary)
, *the* 19 .

To

The Superintendent,
Govt. Press, Bangalore,

Date of issue 28.3.13.

Signed by AW DGR

Has the honor to forward herewith the draft of the "Manual of the public Health Department in Mysore", pages 1 to 27, together with marginally noted appendices and to request that the same may be caused to be printed and two copies of final proof sent to this office.

By order

for Secretary

over.

1) Rules for the Registration of Vital Statistics in Rural circles (1879)
2) Rules for the village Sanitation Regulation I of 1898.
3) Rules dealing with the drinking water, supply of villages on occasions of Cholera outbreaks
4) Rules under the Mysore Vaccination Regulation of 1906.
5) The Health scheme order of 10th August 1907

SUBJECT.

Sec 17/5/13 128

G. R. S. 26]

File No. 6-11

Serial No. 4

Diary No. of letter replied to 106

No. 9192 article
Sanitary 6-11 4
9.10.5.13.

General and Revenue Secretariat
(Sanitary)
, *the* 191 .

To

The Sanitary Commissioner

Date of issue 10.5.13.

Signed by MV Iyer

His letter No. 53 dated the 17th January 1911 forwarding a typed copy of Sanitary Code.

Has the honor to forward herewith a proof copy of the Manual of public Health Department in Mysore and to request that the Columns in the statement showing the accommodation available in the Infectious Diseases Hospitals at Bangalore and Mysore cities and in the Kolar Gold Fields be kindly

over. filled

SUBJECT.

1

filled up and that the proof copy
be kindly examined and returned
for the print order being given.

By order

10/5/45

for Secretary

List of enclosures.

Copied by 10/5/45

Examined by

GPB—25,000—8-8-11.

Department of Public Health in Mysore.

130

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE,

Bangalore, dated the 31st *May* *1913.*

No. 4844
ENC. two

DIARY No. 7528

10/2-10/3
SECTION: Sanitary
SL. No. 6-11
ENCL. 5

From

P.S. Achyuta Rao Esq.,
Sanitary Commissioner with
the Government of His Highness the
Maharajah of Mysore, BANGALORE.

To

K.R. Srinivasa Iyengar Esq., M.A.,
Secretary to the Government of His
Highness the Maharajah of Mysore,
General & Revenue Departments,
BANGALORE.

SIR,

In returning herewith duly examined, the proof copy of the mannual of the Public Health Department, I have the honor to observe as under:-

(i) The forms ~~of statements~~ alluded to in the body of the mannual have to be brought on to the appendices

(ii) I do not consider the inclusion of the order on the Health Scheme necessary seeing that several of the items therein have since been modified. Moreover the order is not of the nature of Departmental Rules such as, say, the rules under the Vaccination Regulation, Village Sanitation Rules etc.

(iii) The rules in regard to the registration of vital statistics require amplification and the matter is being attended to in my office. The question of the revision of the Plague Regulations is also under consideration. When these, together with the rules relating to the functions and powers of the Central

Department of Public Health in Mysore

From

THE SANITARY COMMISSIONER
IN MYSORE, BANGALORE.

To

THE SECRETARY TO GOVT,
GEN. & REV. DEPTTS,
BANGALORE.

Dated.
31st May 1913

Despatched

Received

General No. 4844

No.

Enclosure No. two

SUBJECT.

Returning duly examined the proof of Mannual of the Public Health Department.

V.B. SOOBBIAH AND SONS, PRINTERS, FORT, BANGALORE—1913.

Central and District Sanitary Boards are embodied, the mannual will be complete and will certainly be a handy book of reference. But as these matters may take time for consideration and disposal, the mannual may be issued in its present form provisionally.

I have the honor to be,
Sir,
Your most obedient servant,

T. V. Achyutakrishna

Sanitary Commissioner.

P.H.

Mhl-45

52

FIRST

Proof approved by the Sanitary Commissioner finally

PROOF FOR APPROVAL.

J. B. Jack

5th May 1913

THE

MANUAL OF PUBLIC HEALTH DEPARTMENT IN MYSORE.

STAFF.

THE SANITARY COMMISSIONER.

The ~~Senior Surgeon will remain *ex-officio*~~ Sanitary Commissioner ~~and as such~~ will be directly responsible to Government for the administration of the Department.

(Government Proceedings No. 1378-92—Sany. 93-06, dated 10th August 1907.)

~~THE DEPUTY SANITARY COMMISSIONER.~~

2. This officer, will assist the Sanitary Commissioner in such ways as the latter officer may direct so as to secure the efficiency of the Department.

(Government Proceedings No. 1378-92—Sany. 93-06, dated 10th August 1907.)

This designation was suggested by the Senior Surgeon at the time of the discussion with the Secretary.

3. He will also be Superintendent of Vaccination.

4. The ~~Deputy~~ Sanitary Commissioner ~~will keep a~~ diary of his tours which should be submitted to the Sanitary Commissioner every time he returns to the station, or at such other times as the Sanitary Commissioner may require.

5. On all important matters, he will correspond with other offices through the Sanitary Commissioner. This does not preclude him from demi-official correspondence whereby routine work may be expedited.

6. When on tour it will be his duty to enquire carefully into and examine the work done by the District Sanitary Officers and District Sanitary Assistants, and include in his reports the results of such enquiries. ~~He will also examine the diaries of Sanitary Inspectors and report on the work of these officials.~~ His special attention will be directed to vaccination.

Add: will submit a copy of his tour programme in advance for the information of the [illegible] Secretary to the Govt. Sanitary Depts.

& will Communicate with the Local Officers on all matters that require attention

HEALTH OFFICERS.

Government Proceedings No. 6483-6—MI. 127-07, dated 12th January 1909.

1. The Health Officers of the Bangalore and Mysore Cities are Vice, Presidents in their respective areas for all matters relating to Health.

2. They shall each send to the Sanitary Commissioner, through the President a brief summary of their most important proceedings every week. This will be returned by the President and the Sanitary Commissioner to the Health Officer concerned with their remarks for his information and for filing. When these summaries or other reports of the Health Officers contain proposals involving expenditure, a note of them, when approved, will be made in the Sanitary Commissioner's Office and a list of such proposals will be sent to the Health Officer concerned one month before the date prescribed for the budget meeting of the Council so that the Medical Officers of Health may urge their adoption by the Council.

3. These Officers will be in sole charge under the President, of the Sanitary staff and equipment of their respective charges.

4. They will be also in charge of all markets and slaughter houses, and will see that the staff attached to these institutions keep them in a sanitary condition.

5. It is their duty to see that the sanitary clauses of the Municipal Regulation and the Mysore Vaccination Regulations are strictly enforced and when these are defective or ineffective to bring the matter to the notice of the President in writing without delay and refer to such events in their weekly brief reports.

6. These Officers are *ex-officio* in Medical charge of the Infectious Diseases Hospitals in their respective areas, being directly responsible for the maintenance of these hospitals in sanitary condition, for the treatment of the patients and for Hospital furniture, for medicines and surgical equipment and for the regular submission of the prescribed returns.

7. It will be also part of their duty on occasions of epidemics of plague to personally inoculate as many persons as possible with the help of their subordinate staff.

THE INFECTIOUS DISEASES HOSPITALS.

8. The following is a statement of the accommodation and personnel of the three InfectiousDiseases Hospitals for ordinary non-epidemic seasons. In times of epidemics necessary addititons will be made in communication with the Senior Surgeon.

NUMBER OF BEDS.

Diseases	Bangalore City	Mysore City	Kolar Gold Fields
Plague			
Small pox ...	148	100	57
Cholera			
Lapers, males and Females ...	20 males 20 females		
Miscellaneous ...	12		

CONTACT CAMPS.

Number of huts	30	35	9

SUBORDINATE STAFF.

Sub-Assistant Surgeons ...	1	1	1
Nurses ...	2	2	2
Ward women ...	1	3	3

DISTRICT SANITARY OFFICERS.

~~14.~~ There will be a District Sanitary Officer for each district. Where a separate Sanitary Officer has not been appointed, the District Medical Officer will also be the Sanitary Officer for the district and wherever possible he will have an Assistant, generally a Deputy Inspector of Vaccination. When a whole-time District Sanitary Officer is appointed to a district he will relieve the District Medical and Sanitary Officer of all Sanitary duties.

(Government Proceedings No. 1378-92 Sanitary 93-06 dated 10th August 1907.

~~15.~~ The duties of District Sanitary Officers are chiefly the supervision of vaccination and sanitation in their districts. They have to advise on the sanitary condition of houses selected for demolition, the disinfection of wells, the arrangement of health or segregation camps, selection of village sites, etc.

~~16.~~ The District Sanitary Officer should draw up every month a programme of tour (Form No. III) for the month following in consultation with the Deputy Commissioner. He should submit his tour programme for each month to the Deputy Commissioner a week before its commencement and adopt such modifications as may be directed by the Deputy Commissioner. He should keep

(Rule 2 appended to Government Proceedings No. 3447-57 Sanitary 150-10-2 dated 8th November 1911.

* Any special reports relating to sanitary inspection which the District Sanitary Officer may desire to send up shall be forwarded to the President of the Municipal Board ~~is~~ concerned, a copy being at the same time sent to the Sanitary Commissioner. The Sanitary Commissioner will forward such of them as he considers necessary with his remarks to Govt. through the President of the Municipal Council who will pass on the report with such remarks regarding it as have been made by the Council.

(Vide Government Order No. 12129-40 Sany. 182-08-2 dated the 5th June 1909).

a dairy in Form No. IV showing the places visited and action taken by him and should send it weekly to the Deputy Commissioner who will return it to him with his remarks or orders for needful action and transmission to the Sanitary Commissioner. Any special reports which the Deputy Sanitary Officer may desire to send up should be similarly dealt with.

17. The tours of the District Sanitary Officer should be specially planned so as to enable him to effectively check the work of the vaccinators. It will be his business to see that in all towns and villages, the Regulations in regard to Sanitary matters including vaccination are strictly observed. It will be part of his work to bring home to the people a knowledge of sanitary matters and for this purpose, he should lose no opportunity of delivering public lectures on matters relating to public health and Sanitation. The Revenue authorities should give him all help in bringing the people together to hear his lectures.

18. Among other matters the following should also claim the attention of the District Sanitary Officer ~~(viz.,)~~ sanitation of schools, ~~malaria, epidemic, prophylaxes,~~ etc.

19. The District Sanitary Officer is the Deputy Commissioner's Assistant in sanitary and health matters and is directly subordinate to him. In technical and scientific matters however, he will be subject to the orders of the Sanitary Commissioner. He shall correspond with the Sanitary Commissioner through the Deputy Commissioner, except in matters which are purely technical and professional.

Rule 1 appended to Government Order No. 3447-57 Sanitary 150-10 dated 8th Nov. 1911.

20. The District Sanitary Officer will exercise control over the District Vaccination officials and the Santary Inspectors paid from Municipal Funds will however be under the immediate orders of the Municipal Board in all ~~such~~ technical and scientific matters. The District Sanitary Officer may transfer Vaccinators in the District from one place to another, notifying such changes of station to the Deputy Commissioner and the Sanitary Commissioner.

Rule 4 appended to Government Order No. 3447-57 Sanitary 150-10-2 dated 8th November 1911.

21. The District Sanitary Officer will be provided as far as possible with a small laboratory at the headquarters of the district where emergent sanitary analyses can readily be made, and with a magic lantern as an aid to lecturing. He will have an imprest of Rs. 30. His staff will ordinarily consist of:—

1. Writer.
2. Peons.
*1. Lascar.

and he will be provided with a tent to enable him to visit every part of his district thoroughly.

DISTRICT SANITARY ASSISTANTS.

22. The duties of a District Sanitary Assistant comprise all those given above under the heading District Sanitary Officers. He will generally perform the less important of the Sanitary duties hitherto required of the District Medical and Sanitary Officer. Correspondence on all matters shall be carried on by him through the District Medical and Sanitary Officers who will be careful to see that matters of grave importance receive his proper attention as the sanitary responsibility for the district is vested in him.

23. The Sanitary Assistant will be a touring officer. He should draw up every month a programme of tours (in Form No. III) for the month following under instructions from the District Medical and Sanitary Officer. He should keep a diary (Form No. I) showing places visited and should submit it to the District Medical and Sanitary Officer who will forward it with his remarks along with his own diary, if any, for the week to the Deputy Commissioner who will return them with his remarks and orders for action and transmission to the Sanitary Commissioner.

24. The following staff sanctioned for the Sanitary Section of the District Medical and Sanitary Officer will be under the District and Sanitary Assistant for all routine work.

1 Writer.
1 Peon.

*new appointment to be sanctioned.

SANITARY INSPECTORS.

25. Under Government Order No. 9301-19—Ml. 67-03, dated the 8th April 1905 the following localities will as far as possible be provided with a Sanitary or Assistant Sanitary Inspector as indicated.

26. The Municipalities of Bangalore and Mysore will have a Chief Sanitary Inspector and 4 or 5 Sanitary Inspectors according to actual requirements.

27. In every other Municipal town with a population of over 5,000 there shall ordinarily be (*a*) a Sanitary Inspector and (*b*) an Assistant Sanitary Inspector. A Municipality with a population of 5,000 and under may have either a Sanitary Inspector or an Assistant Sanitary Inspector.

28. Every Taluk Board shall employ a Sanitary or Assistant Sanitary Inspector.

Every Sanitary or Assistant Sanitary Inspector should maintain a pony or in the case of Municipalities a bicycle. He should keep a diary (Form No. II) which in the case of Municipalities should be sent daily or twice a week to the Vice-President who will scrutinize it and forward it with his remarks to the District Sanitary Officer. In the case of Taluk Boards the diary shall be sent to the Amildar of the Taluk who will deal with it in the manner prescribed for Vice-President of Municipalities.

29. The District Sanitary Officer shall report to the Deputy Commissioner with a view to his issuing necessary orders to the Amildars, such matters as he considers necessary to carry out the Sanitary Measures advised by him. This will not interfere with the Amildar of the Taluk or Chairman of the Municipality giving orders to the Sanitary Inspectors in matters pertaining to their duties. If there is a difference in opinion between the District Sanitary Officer and the Amildar or the President, the matter should be reported to the Deputy Commissioner whose order will be final.

(Rules 5, 6 and 7 appended to Government Proceeding No. 8417-57—San. 150-10, dated 8th November 1911.)

29-30. In Municipalities or in Taluk Boards when a separate provision is not made for supervision of minor works, it will be the duty of Sanitary or Assistant Sanitary Inspectors to supervise such minor works as would ordinarily come under the supervision of an Overseer provided that sanitary works should generally have precedence over others.

30-31. It will be an important part of the Sanitary Inspectors' duty when visiting villages, to see that the village sanitation rules are properly enforced and observed. He should as far as possible, inspect all new houses being erected or the re-building of old houses and other sanitary works undertaken in any village and see that the sanitary agency exercise the powers vested in them under the village sanitation rules properly and with due regard to the sanitation of the village.

VACCINATION.

32. Each district will have such number of vaccinators as my be decided upon by Government from time to time.

33. The District Sanitary Officer or the District Sanitary Assistant shall control the work of the vaccinators and regulate their tours. Every month he will draw up a programme of the vaccinators' tour for the following month. This programme should be sent to the Amildar concerned (Form No. VI) with printed forms of instructions (Form No. VII) to the patel of each village for assisting the vaccinator in his work.

34. It will be the duty of the vaccinators to go about villages and induce people to have recourse to vaccination. He will make out a vaccination state for each village showing the number of children in the village of 14 years and under and after personal examination of them, determine how many are "unprotected". He will carefully note in connection with each of these the particulars required in the ordinary Vaccination Registers. He will then vaccinate as many of the unprotected as possible ticking them off in the "Vaccination State" Register, and entering them as well in his usual register. As soon as the vaccinator has completed his work in any village, he should fill up the ~~column~~ No. IX and send the duplicate to the District Sanitary Officer or Assistant. The triplicate with the entry in the column of remarks omitted should be given to the patel who will submit the same to the Amildar with his certificate in Form No. VIII.

In the orginal draft, the word "Public Vaccinator" was used. With reference to this the present Senior Surgeon has remarked "experience has taught me to regard this scheme as purely chimerical. It will never and can never be practical".

35. Vaccination in urban areas forms part of the regular duties of Sub Assistant Surgeons in charge of dispensaries. They shall set one morning a week apart for going round the village on vaccination work up till 9. 30 AM. after which they should attend to their dispensary work.

36. Vaccinators should see that no attempts to rub off the vaccine virus are made for at least 5 minutes after its insertion.

~~36~~. All vaccinators shall indent for and get supplies of fresh paste as often as may be necessary rather than keep old supplies which often prove ineffective.

37. Whenever any particular supply of vaccine issued is found inefficient, the matter should be reported direct to the Superintendent, Vaccine Institute and the remainder of the sample, if any, is to be sent at the same time to that officer. A copy of the report should be submitted to the Sanitary Commissioner's Office.

38. The Medical Officer in charge of a dispensary outside District head quarters should every year take a census of unprotected children of 14 years and under in the Municipal area concerned entering their names etc, in the printed Vaccination Register Form with particulars as to the street and door number.

He should then endeavour to get all of them vaccinated transfering the names of all those vaccinated into the Regular Vaccination Register. He should also carefully file the monthly returns of births furnished by the Amildar and see to the vaccination of the children in due course. When the interests of the service require it, the Superintendent of Vaccination may shift vaccinators from any one district to any other.

GENERAL DEPARTMENTAL INSTRUCTIONS AND RULES.

39. The promotion of sanitation should be regarded as one of the most important duties of District, Urban or Village authorities.

40. The District Sanitary Officer may on occasions when he desires the co-operation of District Medical Officer or his subordinates, arrange with the District Medical Officer for such co-operation, after obtaining the sanction of the Senior Surgeon whenever necessary.

41. Revenue Officers shall assist the Sanitary Officers in every reasonable manner and take a special interest in the advancement of vaccination and the collection of reliable vital statistics.

42. The District Medical and Sanitary Officer, or the District Sanitary Officer as the case may be, shall report to the Deputy Commissioner of the District any unreasonable delay on the part of Municipalities in carrying out improvements they have promised to carry out on the recommendation of the sanitary authority.

43. The District Sanitary Officer may, with the previous consent of the Municipal Council, attend any meetings thereof and take part in the discussion or consideration of any question on which he considers his opinion would be useful to the Council.

44. When the Sanitary Commissioner, ~~his Deputy~~ or the District Sanitary Officer visits a place and finds conditions that require immediate attention, the sanitary staff should, if he requires, be placed at the disposal of such visiting officer to enable him to have things put right without delay and thus demonstrate practically what is required to be done. Procedure of this sort should not involve any extra outlay. When outlay is necessary the previous sanction of the President Municipal Board or the Deputy Commissioner should be obtained.

(Rule 8 appended to Govt. Pro. No. 3447-57—Sah. 150-10 dated 8-11-1911.)

45. Every Medical Officer and subordinate in charge of a Local Fund Dispensary and other Medical Institution under the control of the District Medical Officer should inspect the Government and grant-in-aid schools every fortnight in the town or Union in which he is stationed with a view to examine all sickly children attending such schools and recommend such of them as require it to undergo treatment at the dispensary at an hour that will not interfere with the school work. In stations where there is a large number of schools it would suffice if two schools a week are examined. Ears and eyes of the children should be always carefully examined so that, if defective, masters may arrange for the children being seated near them or in good light etc.

46. Medical Officers and subordinates shall communicate with the Deputy Inspectors of Schools direct when they find any sanitary defects on visiting a school.

47. District Medical and Sanitary Officers and District Sanitary officers are required to report on the Sanitary condition of all Colleges and Schools within their Jurisdiction including grant-in-aid Schools. Where there is a District Sanitary Assistant, these reports may be made by him and forwarded through the District Medical and Sanitary Officer to the Sanitary Commissioner for the information of Government and in case the School is an aided School or Supported partly by any local body, a copy should be sent to that body.

48. When any private body applies for a grant-in-aid for a School, the opinion of the District Sanitary authority as regards the fitness of the building for School purposes shall be obtained before the application is sanctioned.

1st Councillor's remark I few this will be found to delay dis bossl of such matters.

49. In every dispensary there shall be hung in a conspicuous place on the wall a card carefully dated showing the results of analysis of the main drinking water supplies for the town, the malarial index and the vaccination state, infomation being also kept in the office records.

50. In sending samples of water for analysis to the ~~Chemical Examiner and Bacteriologist to Government~~ Director of the Public Health Institute, Bang at least half a gallon of each sample together with the following information should be furnished:—

(1) place, date and hour of collection
(2) source of sample
(3) if from well, the approximate depth
(4) character of the soil and sub-soil
(5) rainfall if any during the previous week
(6) nature and distance of any evident or possible source of pollution.

51. Before utilising the existing sources of water supply to lay on pipes to a town or village the authorities concerned shall consult the Health Department and the ~~Chemical Examiner and Bacteriologist to Government~~ Director Public Health in respect of the fitness for human use of the water available.

52. In a District where a full time Sanitary Officer has been appointed, it shall be the duty of the all Sub-Assistant or Assistant Surgeons in the District to forward to him immediately any report of epidemic diseases that may be received by them from Revenue or other Officers, to attend at once to the Medical aid of sufferers and to advise as to sanitary measures pending the arrival of the District Sanitary Officer himself; but formal reports of the progress of epidemics shall form no part of the duties of the Sub- Assistant or Assistant Surgeons. In Taluks where there is no Sanitary Inspector, the Sub- Assistant or Assistant Surgeon shall continue to furnish such reports to the District Sanitary Officer.

53. When cholera breaks out in a village every well therein should be treated with a sufficient quantity of potassium permanganate to produce a pink colour that lasts till the following day. Generally two or three ounces of permangante will be found sufficient for each well, but the quantity must vary with the amount of the organic matter in the water. A foul well may require 8 ounces or more. One well should be treated with an extra large quantity of permanganate and its water immediately pumped out until the red colour almost disappears. The inhabitants should be instructed to use this well until the following day when the water in the remaining well will be fit to drink. Hankinising should be repeated every four days so long as there is cholera in the neighbourhood. Detailed rules dealing with the various kinds of drinking water supplies in villages on occasions of out breaks of cholera are appended here to (Appendix X.)

NOTE.—The Draft rules relating to the constitution and functions of the District and Central Sanitary Board are under consideration separately in Sanitary File No. 17 of 1912 and will be inserted after the rules are approved by Government.

INSTRUCTIONS TO PATELS RE VACCINATION AND EPIDEMIC DISEASES.

54. It shall be the duty of the Patel or Headman of the village as soon as he discovers a case of small-pox, cholera, suspicious diarrhoea, the presence of dead rats, the death of a person after short illness where buboes were present, or the death of a person within two or three days from fever even with no buboes, to communicate at once with the nearest Sub-Assistant Surgeon or Assistant Surgeon and when he arrives to carry out his instructions as far as he can.

(Government Proceedings No. 1389-98 Sanitary 799-09, Dated 10th August 1910.)

55. In villages where men can be had on daily wages for Sanitary work the Patel shall warn one or two men to be ready for such work at the same time that he sends word to the Sub-Assistant Surgeon. Meantime, if dead rats have been discovered, the Patel should use every effort to induce the villagers to prepare for camping out.

56. In every village which a vaccinator visits, a clean room should be temporarily provided by the Patel with a table and seat : also a vessel containing hot water.

57. To this room those to be vaccinated should be brought, but in the case of gosha women the vaccinators will visit them and operate in their houses if so desired. At the same time it is most desirable that all vaccination should be carried out in the room set apart by the Patel where facilities for carrying out the operation of vaccination are provided.

58. The Vaccination state Register shall be carefully preserved by the Patel amongst his records, and must always be produced when the vaccinator comes so that the latter may enter all new childern that have arrived since last visit, and vaccinate them if possible. At every village in which there is no musafirkhana or other public building available, it shall be the duty of the Patel to provide as far as possible a suitable room for the vaccinator to live in and to perform vaccination. The room should be thoroughly whitewashed and be otherwise in a sanitary condition.

Notifications by the Chief Commissioner of Mysore.

General Notifications the 13th February 1879.

No. 272.

In modification of previous orders, and with a view to the better registration of births and deaths in the Province, the Chief Commissioner is pleased to issue the following:—

Rules for the Registration of Vital Statistics in Rural Circles.

I. A register of births and deaths shall be kept in every village by the Patel, in the form appended. In this register the Patel shall enter, at the time of occurrence, every birth or death which happens in the village (whether of a resident villager or of a stranger.)

II. If the Patel cannot write, or if by reason of his being Patel of more villages than one he is unable personally to write the register of any village, he shall cause it to be written, and the responsibility of its being duly written remains with him. The Shanbhog is bound to assist the Patel in keeping the register.

III. Sheets containing the village form of birth and death register in duplicate made up into a book, in number sufficient to last for one year, will be supplied by the Deputy Commissioner to every village in his District, before the commencement of the official year. At the close of each month the outer sheet, on which shall be copied all the entries made upon the inner sheet or counterfoil, shall be detached and sent to the Amildar of the taluk so as to reach him within the 10th day of the following month. The book itself shall be retained in the village.

IV. The Shekdar and Amildar shall constantly inspect the village registers, they shall inquire in the villages what births and deaths have recently taken place, compare the registers to see if all are entered, supply omissions, instruct the Patels in the way how they are to do their work, see that the monthly sheets are regularly and punctually submitted to the Taluk Office and exercise a general supervision over the Patels and Shanbhogs.

V. On receipt of the monthly returns in the Taluk Cutcherry they will be examined, and, when found complete and in order, they will be forwarded to the Deputy Commissioner, arranged according to hoblis, so as to reach the District Office before the end of the month next after that to which they relate.

VI. The compilation of the entries into Form B will continue to be done as at present in the District Office.

VII. Deputy Commissioners and their Assistants shall take every opportunity of ascertaining by personal inspection of the registers that they are properly written up, and contain entries of all the births and deaths that have occurred. They must insist on the punctual submission of the monthly sheets as above provided.

VIII. These rules will come into force from the 1st April 1879. Deputy Commissioners will at once send direct to the Secretary, indents for the books mentioned in Rule III, giving the total number of villages in each taluk in their District. The books will be printed and forwarded direct to the head-quarters of each taluk.

FORM A.

Register of Births and Deaths in the Village of Taluk, District for 19 .

Deaths

No.	Date	Names	Caste	Age	* Cause	Males	Females
1	2	3	4	5	6	7	8

Births

Boys	Girls	Date	Name of Child born, with father's name and grand-father's name	Caste	No.	Remarks
9	10	11	12	13	14	15

* The causes of death to be entered in column 6 are—

Cholera
Small-pox
Fevers
Bowel complaints
Injuries... Suicide, Wounding, Accident, Snake bite

By Order,
W. J. CUNINGHAM,
Offg. Secretary.

Appendix II

RULES UNDER THE VILLAGE SANITATION, REGULATION I OF 1898.

ORDER NO. GL. 3206—LEGIS, 16, DATED BANGALORE, THE 29TH AUGUST 1898.

In finally revising the Rules proposed to be issued under the new Village Sanitation Regulation, the Government have had the advantage of perusing a large body of suggestions, many of which were well-considered, from the several officers consulted. They believe that the Rules as now revised embody the main requirements of sanitation in a sufficiently clear and simple form; and they therefore resolve to issue the same, as appended to this Order, with the remark that the mode of publication enjoined in Section I should be strictly complied with. The Government have no doubt that, in enforcing the Rules, due regard will be had to the habits and customs of the people as far as possible and that every endeavour will be made to enlist their ready and cheerful co-operation.

2. The arrangement provided in Section II for the administration and execution of the Rules seems the only one that is at present possible. The question of appointing village sanitary committees must be reserved for consideration after some experience has been gained of the working of the Rules.

3. Particular attention must be drawn to the provisions of Section VII relating to Epidemic Diseases. In case of the spread of such a disease, it is competent to the Deputy Commissioner, under clause (*a*) of Rule 1, should he consider such a course absolutely necessary, to direct the inhabitants or any of them to disperse for a time till the epidemic shall have ceased. If the disease prevalent is small-pox, the inhabitants should be advised to submit themselves to vaccination. In any case, all possible efforts should be made to remove the exciting causes, arising mainly from impurities in the soil or water of the locality, which an outbreak invariably denotes.

4. It is also necessary to invite special attention to Rules 3 and 4 of the last section, under which no prosecution is to be instituted after the lapse of three months from the date of the offence, and an offender may, at the discretion of the Magistrate, be given an opportunity to avoid punishment by complying substantially with the provisions of the Rule he may have broken. These provisions will, it is hoped, prevent the Rules from operating with harshness in any case.

5. The other Rules need not be particularly referred to.

6. The annual administration reports of Municipal and District Boards should contain, in future, a brief account of the working of the Rules in Municipal and rural areas.

NOTIFICATION.

In exercise of the powers conferred by Sections 3 and 4 of "The Mysore Village Sanitation Regulation, 1898," the Government of Mysore are pleased to prescribe the following Rules to regulate the conservancy, to provide for protection of the water-supply, and in other respects to improve the sanitation, of villages not being Municipalities governed by Regulation.

SECTION I.—PRELIMINARY.

1. These Rules shall be published in three successive issues of the *Mysore Gazette* in English and in Kanarese; but they shall not come into operation in any village, until a Kanarese copy of them has been publicly read and explained in that village by an officer deputed

for the purpose by the Deputy Commissioner, and until Kanarese copies of them have been duly posted for a period of not less than fifteen days in the village chavadi or other conspicuous place in that village and in the nearest police station.

2. The boundary of a village for the purpose of these Rules is the boundary of the village site as from time to time fixed under Section 134 of the Mysore Land Revenue Code.

SECTION II.—AGENCY FOR THE ADMINISTRATION AND EXECUTION OF RULES.

1. The administration of the Rules is hereby entrusted, in a municipal area not governed by Regulation, to the Municipal Board for that area, and, in the rest of a district, to the District Board, subject in either case to the general control of the Deputy Commissioner.

* (i) A. The Government may call for the record of any order passed under these rules by any of the authorities referred to in the preceding rule, for the purpose of satisfying itself as to the propriety of such order. If in any such case it shall appear to the Government that any order the record of which is so called for should be modified, annulled, or reversed, the Government may pass such order thereon as it deems fit.

* Inserted by Notification No. 13320—Legis. 94, dated 8th April 1901,

2. Every Member of a Municipal or District Board, every Revenue Officer of or above the grade of Deputy Amildar, the District Police Officer, the Chief Medical Officer of the District, and any other officer empowered by the said Board or by the Deputy Commissioner, shall be entitled to inspect and to report upon the sanitary condition of villages, and to give such instructions to the sanitary agency referred to in Rule 3 of this section as may be calculated to further the observance of the Rules.

3. Such special agency as may be appointed for the purpose, or, in the absence of any special agency, the Patel of the village, and, in the case of an alienated village, also the holder thereof, shall be deemed to be the sanitary agency primarily responsible, under the orders of the Municipal or District Board, for the due observance and enforcement of the Rules.

The Shanbhog shall be bound to render every reasonable assistance to the Patel in the execution of his duties, and to do all clerical work in connection therewith.

4. The Municipal or District Board, as the case may be, may, with the approval of the Government, and from the funds at its disposal, appoint such establishments of sweepers, scavengers, watchers and other servants, as may be necessary for efficiently carrying out the purposes of the Rules.

SECTION III.—CONSERVANCY OF VILLAGES.

1. (*a*) Whenever land is required for the formation of a new village, it shall be selected on a high dry ground, away from paddy fields and other places likely to be injurious to health.

being made a cover for the commission of nuisances, and the lantana and other bushes growing therein from encroaching on neighbouring ground.

9. The lower branches of all large trees shall be cut, in the case of private trees by the owner and in other cases by the sanitary agency, to a height of at least six feet from the ground, so as to allow of the free circulation of air below.

10. Cess-pits and privy-pits shall not be dug, kept up, or used, in front of the village, or near a well or other source of water-supply, or in situations to which the sanitary agency objects.

11. Cess-pits and privy-pits shall not exceed four feet in depth.

12. Where daily removal of the contents of privies is not practicable, a layer of fresh dry earth or ashes shall be spread over them every day; and no water or other liquid shall be allowed to accumulate therein. Cess-pits shall be cleared out at least once a week.

13. No person shall ease himself in or about a street or thoroughfare or at any place within the boundary of the village where such act is specially forbidden, nor on the banks or in the beds of any springs, streams or tanks.

14. No filth, rubbish or other impure matter shall be deposited within the boundary of the village except in places or receptacles assigned for its reception. All such filth, rubbish, or other impure matter, collected within the village boundary shall be removed daily, or at other intervals prescribed by the Municipal or District Board, either to a field or to a place set apart for the same, and situated at a safe and sufficient distance outside the village boundary on the side away from the prevailing winds; and the same shall thereupon either be burnt or be worked into the soil at ploughing time.

15. The owner or person in charge of cattle shall be bound to keep the place where they are picketted, properly cleansed and free from filth.

16. No offensive trade, such as tanning, pot or tile-burning, lime-burning, boiling castor-oil seed, shall be carried on without a license from the Municipal President or Vice-President or the Taluk Amildar or Deputy Amildar, or otherwise than in a place to be specified in such license.

SECTION IV.—WATER-SUPPLY.

1. For every village or group of villages there shall be set apart, with due regard to the convenience of the

various sections of the inhabitants, one or more wells solely for drinking purposes; or if the water-supply is from tanks, arrangements shall be made to prevent the drinking-water supply being contaminated by bathing and the washing of clothes.

2. The ground within ten yards of every drinking water well and of the bank of every tank supplying drinking water shall be kept free from filth, rubbish or other impure matter, and sloped outwards so as to prevent filth, etc., from being washed into the well or tank.

3. All wells within the village or near a road or path, whether used for drinking purposes or not, shall be fenced round with parapet walls of stone or mud at least two feet high.

4. If the drinking-water is obtained from a flowing river, efficient measures shall be taken to preserve the cleanliness of the banks as well as the beds of nallas, streams or water-courses which discharge into it, and to prevent their contamination.

5. In the event of any source of drinking-water being found to yield impure water, immediate measures shall be taken to improve the same, pending which the further use of such source may be forbidden.

6. No person shall bathe or wash clothes or cattle in any well, tank, reservoir, channel or stream used or set apart for drinking purposes, or render the water thereof impure in any other manner.

SECTION V.—Food-supply.

1. No one shall feed milch-kine or animals for slaughter or permit them to be fed, on stable litter and other refuse or deleterious matter.

2. No person shall sell or expose for sale tainted meat or fish or unwholesome fruits or vegetables.

3. No person afflicted with a loathsome, infectious or contagious disease shall sell or expose for sale any articles of food or drink.

SECTION VI.—Disposal of dead bodies.

1. Burial and burning grounds shall be set apart for each village or group of village outside the village boundary and at a reasonable distance therefrom. No such ground shall be situated by the side of any stream or reservoir the water of which is used for drinking purposes, or in

the bed or on the bund of a tank or a river or in a nalla which forms a water-course after rain.

2. No person shall bury or burn dead bodies or cause the same to be buried or burnt outside the ground set apart under the preceding Rule, or, if no such ground has been set apart, in any place unsuitable for a burial or burning ground under that Rule. Nor shall any dead bodies be thrown into a river.

3. When a dead body is buried, the grave shall be of sufficient depth to allow a full space of five feet between the body and the level of the ground, and shall not be excavated at a less distance than two feet from any other existing grave.

4. When a corpse is disposed of by burning, no part of the body shall be left unconsumed.

5. The bodies of all cattle that have died of any infectious disease shall be disposed of by burial under not less than six feet of earth or be burnt.

SECTION VII.—Epidemic Diseases.

1. In the event of an outbreak of cholera, small-pox, or other infectious disease in a village—

(*a*) every person shall be bound to comply with any reasonable direction that may be given him by the sanitary agency of his village, or by any authority to which such agency is subordinate, for the proper cleansing and disinfecting of his house or premises or for preventing the spread of the disease;

(*b*) prompt steps shall be taken to cleanse the village by removing all filth that may have accumulated in the backyards of houses as well as in the streets;

(*c*) all matter discharged by the person attacked shall at once be removed and burnt, disinfected or buried;

(*d*) the dwelling house of the person attacked shall be thoroughly disinfected and whitewashed, and the clothes and bedding used by him either buried or burnt or disinfected;

(*e*) fresh earth shall be strewn around the dwelling, more particularly where any discharges from the infected persons are likely to have been thrown;

(*f*) the hut in which the case occurred may, with the previous permission of an officer not below the rank of Amildar or Deputy Amildar, and on payment of reasonable compensation, be destroyed, if it is one of mud and has a thatched roof; and in all cases, before the house is again inhabited, it shall be thoroughly cleansed and whitewashed and not allowed to be occupied for at least fifteen days.

2. When infectious cattle disease breaks out, the owners of cattle shall keep their sick cattle segregated and far removed from the village.

SECTION VIII.—PENALTIES AND DISPOSAL OF FINES.

1. Whoever is guilty of a breach of the provisions of any of the foregoing Rules, shall, on conviction before a Magistrate, be punished with a fine which may extend to ten rupees; and, when the breach is a continuing breach, with a further fine which may extend to five rupees for every day after the first during which the breach continues.

2. All fines shall be recovered in the manner prescribed in the Code of Criminal Procedure; and shall, when recovered, be credited to the Municipal or the District Board, according to the nature of the area within which the breach occurred, and may be applied, under the orders of the Municipal or the District Board, as the case may be, towards any of the purposes of these Rules.

3. No prosecution for a breach of the provisions of any of the foregoing Rules shall be instituted after the lapse of three months from the date on which the breach occurred, or, if it was a continuing breach, when it last occurred.

4. The Magistrate trying a case under Rule 1 of this Section may, at any time, if he thinks fit, postpone the trial for such time as he considers reasonable to enable the offender to comply with the provisions of the Rule in respect of which the breach occurred; and, thereupon, if he finds that the offender has substantially complied therewith, shall discharge him.

C. SREENIVASIENGAR,
Secy. to Govt., Gen. and Rev. Dept.

Appendix III

APPENDIX I.

RULES DEALING WITH THE DRINKING WATER-SUPPLY OF VILLAGES ON OCCASIONS OF CHOLERA OUTBREAKS.

The drinking water is usually obtained from one of four sources: (*a*) Wells, (*b*) Tanks, (*c*) Running Streams, (*d*) from pipes leading from a public reservoir. In time of cholera, these different sources should be treated as follows:—

(*a*) WELLS.

Dissolve sufficient permanganate of potash in the well to make the water pink, mixing the water properly. Place a guard on the well to see that it is not further polluted. Provide a new vessel and rope and see that none else is used to raise the water. No stranger to be allowed to raise water on any account. The guard must raise the water for him. No one must wash near the well, particularly strangers.

(*b*) TANKS.

Dig a well in such a place that it will fill from water oozing from the tank. Place a guard on the well and deal with it as under rule (*a*). There is no good in trying to disinfect a tank.

(*c*) RUNNING STREAMS.

Act as directed under rule (*b*).

(*d*) PIPE WATER FROM A PUBLIC RESERVOIR.*

Disinfect the reservoir as under rule (*a*) and use well or other protected water for a week. After the water in the reservoir has been made pink with permanganate, the stand pipes and all distribution taps should be turned on till the water from them all is found to be pink, when they may be turned off.

GENERAL RULE.

Stick on the door of *every* house a label printed in the vernacular as follows:—

The water-supply has been poisoned with cholera: therefore boil well all water used for drinking or cooking or for washing the mouth. Boiling makes the poisoned water healthy.

PRECAUTIONS TO BE OBSERVED ON THE APPROACH OF CHOLERA.

A.—Habitations.

"1. Each house must be thoroughly cleansed, that is, all manure, dirty water, washings of cattle stalls and collection of dirt of any description must be completely removed.

"2. Where the earth remains damp and foul after such removal, it should be dug up till dry and clean earth is reached.

"3. The old earth should be taken far from the town and may be used as manure for the fields; new earth from a clean place should be laid down.

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*Such as the storage reservoir of a filter-bed.

"4. The interior and exterior of houses should be whitewashed. If persons cannot afford to do the outside, the inside at least should be whitewashed.

"5. Bundles of clothing and other materials hanging from the beams, or occupying in any other way the rooms in which persons sleep, should be removed. All such articles should be well aired daily if the whether is dry.

"6. Doors and windows should at all possible hours be left open, so that free ventilation be obtained.

"7. If private latrines are used, they must be kept free from fæcal matter by removal at least twice daily.

"8. The drains leading from houses should be cleansed twice daily.

"9. Cess-pools and pits for receipt of urine of cattle should be emptied daily.

B.—The Person.

"1. The body and clothing should be kept scrupulously clean. If delicate, persons should use warm, not cold baths.

"2. The food should be plain, nourishing and of good quality.

"3. All vegetables, or leaves, or fruits, likely to cause diarrhœa, should be abandoned.

"4. All forms of drinking to excess, debauchery, late hours and exposure to wet and cold should be avoided.

"5. Cold cooked food should never be used. Care should be taken not to allow flies to settle upon food. Vegetables and leaves should never be eaten otherwise than after cooking. Before being cooked, they should be well washed in water that has been purified by by boiling. Salt should be freely used with the diet; but, on the other hand, it must not be used in such unusual amounts as to excite uneasiness or looseness of the bowels.

"6. An inferior quality of water should not be kept in the house only the cleanest available should be employed.

"7. Water for drinking purposes and for washing the mouth or eating and drinking vessels, and milk, should be boiled before use.

"8. No purgatives should be taken.

"9. Any tendency to diarrhœa should at once be checked by the taking of appropriate medicines; any person having more than two motions in twenty-four hours should take this precaution.

"10. No fear should be felt, nor should the subject of cholera be constantly thought or spoken of."

Note.—Of the above rules, only those that treat directly of the water-supply are of unquestioned importance in preventing cholera.

The cholera poison must be swallowed before a person can contract the disease.

It is usually swallowed in water, and the water gets poison usually by a stranger coming from an infected locality with the poison on his vessels and cloths, and drawing water with his dirty vessel. Or, he comes already poisoned with cholera to visit a friend and thus pollutes his friend's vessels and cloths. Next time these vessels are used to draw water, the well is poisoned, and many of the people who afterwards use that water die of cholera.

So it is the infected stranger or visitor who poisons the water, and it is the poisoned water that gives the people the cholera. The lesson is clear: the drinking water must be kept free from pollution, especially by strangers, and if by any chance it has got poisoned, it must be purified before use, and the source of it protected from further pollution.

This note is added in order to place the protection and purification of the water far above all other so-called means of preventing cholera, and in order to do away with the idea that cholera can be prevented by any other means than the protection and purification of all water which by any chance may enter the mouth.

JOHN SMYTH, M.D., LT.-COL., I. M. S.,
Offg. Sr. Surgn. and Sany. Comr. with the Govt. of Mysore.

Appendix IV

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NOTIFICATION.

No. 293—Med. (43-06)-7, dated 11th July 1907.

RULES UNDER THE MYSORE VACCINATION REGULATION OF 1906.

In exercise of the powers conferred by Section 9 (1) of the Mysore Vaccination Regulation of 1906, the Government of His Highness the Maharaja of Mysore are pleased to prescribe the following rules to regulate the vaccination of persons in local areas where vaccination has been declared to be compulsory during the period for which such declaration has effect therein :—

1. In these rules unless there is something repugnant in the subject or context,

(1) Parent means the father or mother of a legitimate child, and the mother of an illegitimate child.
"Parent."

(2) Guardian means any person to whom the care, nurture and custody of any child falls by law or by natural right or recognized usage, or who has accepted or assumed the care, nurture or custody of any child or to whom the care or custody of any child has been entrusted by any authority lawfully authorised in that behalf.
"Guardian."

(3) Vaccinator means any medical man, or other duly qualified person authorized by the Sanitary Commissioner with the Government to vaccinate persons against small-pox.
"Vaccinator."

(4) Medical man means a person holding a University or College degree or diploma in medicine or a certificate from a recognized medical school, of or above the grade of Hospital Assistant.
"Medical man."

(5) Child means a boy or girl over six months and under twelve years of age.
"Child."

(6) Adult means any person of or above the age of twelve and under sixty.
"Adult."

(7) Unprotected person is a person, child or adult, who has not been protected against small-pox by having had that disease or by having been successfully vaccinated or who has not been certified under Rule 11 of these rules, to be insusceptible to vaccination.
"Unprotected person."

(8) Vaccination depot means a place or building where public or gratuitous vaccination is performed by a vaccinator.
"Vaccination Depot."

(9) Vaccination Circle means one of the parts into which a local area where vaccination has been made compulsory has been divided for purposes of vaccination, and in which one or more vaccine depots have been opened.
"Vaccination Circle."

2. Every local area in which vaccination has been declared compulsory shall be a vaccination circle or shall, in the manner hereinafter provided, be divided into a number of such circles.

"Vaccination Depots." "Vaccinators," "Superintendent of Vaccination."

3. Each circle shall have one or more vaccination depots where vaccination shall be done gratuitously at certain fixed hours. One or more vaccinators shall be appointed in the manner hereinafter provided, for each circle, and one Superintendent of Vaccination shall be appointed, in the manner hereinafter provided, for each local area. Such Superintendent shall usually be the Medical Officer of Health of the locality or in the absence of such an officer, a duly qualified Medical Officer possessing the necessary special training.

"Private Vaccinators."

4. The appointment of private vaccinators shall vest with the Sanitary Commissioner with the Government of Mysore, who will, after satisfying himself that a candidate is competent, give him a written license authorizing him to perform vaccination in a vaccination circle. This license may be suspended or cancelled at the discretion of the said Sanitary Commissioner.

"Unprotected person to be vaccinated."

5. When any unprotected person, adult or child has resided for a period of one month in any local area where vaccination has been declared compulsory by Government, he or she, if adult, shall go to a vaccine depot, or if a child, be taken there by its parent or guardian to be vaccinated, or the person requiring vaccination or, if a child, its parent or guardian may procure his or its vaccination by a vaccinator privately. Provided that unless there is immediate danger of small-pox infection, the unprotected members of a household may, with the permission of the Superintendent of Vaccination, get themselves vaccinated in turns, individually or in batches, as the said Superintendent may decide, so that there may be as little interference as possible with the daily pursuits of life of the members of the household on account of their vaccination. But in no instance shall the interval of vaccination allowed on this account between the first individual or batch of individuals and the last individual or batch of individuals be more than two weeks.

Vaccinator to vaccinate persons or deliver certificates of postponement.

6. Such vaccinators shall vaccinate the person and deliver to him or her, or if a child, to it parents or guardian, a memorandum stating the date on which the vaccination has been performed and the date on and the hour at which the vaccinated person or child is to be inspected in order to ascertain the result of the operation; or, shall, if he find such person in a state of health unfit for vaccination, deliver to the person, or if a child, to its parent or guardian, a certificate under his hand to the effect that the person is in a state unfit for vaccination, and the period during which the person is likely to be so unfit.

Inspection after vaccination.

7. Every person vaccinated under the above section, or if a child, its parent or guardian, shall, on the date and hour of inspection stated in the memorandum, go, or take the child or cause it to be taken, to a vaccinator for inspection or get it inspected at his own house by a vaccinator; and such vaccinator shall then append to the memorandum a certificate stating that the person or child has been inspected, and the result of such inspection.

NOTE.—In the case of adult females observing the "gosha" or "purda" system, both vaccination and inspection shall be performed by a female vaccinator, if the parties so desire.

Procedure when vaccination is successful

8. When it is ascertained at the time of inspecting a person or child under Rule 7 above, that the vaccination has been successful, a certificate shall be delivered by the vaccinator to the person, or if a child, to its parent or guardian to that effect, and such person or child shall be deemed to be protected.

Procedure when vaccination is unsuccessful.

9. When it is ascertained as aforesaid, that the vaccination has been unsuccessful, the person, or if a child, its parent or guardian shall, if the vaccinator so direct, cause the person or child, if in a satisfactory state of health, to be fourth-with again vaccinated and subsequently inspected in the manner hereinbefore provided. If the person be not in a fit state of health, the vaccinator shall deliver a certificate as under Rule 6, stating the period during which the person is likely to be so unfit. Provided that, if it is a case of revaccination that has been unsuccessful, the person shall not be compelled to be vaccinated again. But the individual should be strictly advised to have the operation performed at least once more, say within a fortnight, as vaccination sometimes fails through having been imperfectly performed as well as through the individual being immune.

Procedure when person is unfit for vaccination.

10. A certificate granted under Rules 6 and 9 above, showing the unfitness of a person or child for vaccination, shall remain in force for the period stated therein and on the termination of that period, the person shall go, or if a child, its parent or guardian shall take it or cause it to be taken to a vaccinator to be vaccinated, or procure the vaccination at his house by a vaccinator.

Renewal of postponement certificates.

Provided that, if the person or child is still found to be in a state unfit for vaccination, the certificate granted under Rules 6 and 9 referred to above shall be renewed.

Certificates of insusceptibility of successful vaccination.

11. If a person or child is insusceptible of successful vaccination, which shall be inferred from vaccination on three occasions proving unsuccessful, the Superintendent of Vaccination shall deliver to the person or if it be a child, to the parent or guardian of such child, a certificate under his hand to that effect, and the person or child shall thenceforth not be required to be or caused to be vaccinated.

Certificates of vaccination by private vaccinators to be forwarded to the Superintendent.

12. Any person who procures a vaccination of himself or any other member of his household or child under his guardianship by a vaccinator other than those appointed as public vaccinators in the circle in which he lives, shall forward a certificate of such vaccination and its result signed by the vaccinator to the Superintendent of Vaccination within fifteen days from the date of such vaccination.

Certificates from a qualified Medical man and private vaccinators to be accepted.

13. The Superintendent of Vaccination shall accept certificates from a qualified Medical man or private vaccinator as to (1) successful vaccination, (2) unfitness of a person for vaccination and (3) the insusceptibility for vaccination.

Proviso.

Provided that the Superintendent may cancel any certificate given under these rules, if it be proved to his satisfaction that such certificate has been given improperly or obtained on behalf of any unprotected person or child, and thereupon such certificate shall no longer be valid. In case of any doubt as to these certificates the Superintendent shall personally examine the person vaccinated or certified to be unfit or insusceptible, provided always that in case the person is a "gosha" or 'purda' female, the inspection shall be done by a female vaccinator as provided under Rule 7.

What lymph to be used.

14. Vaccination of persons should be performed with calf lymph fresh or preserved, whichever is available.

Scientific care of lymph to be used.

15. All lymph used for vaccination shall be cultivated, collected, preserved, distributed and used with such scientific care as may from time to time be prescribed by the Sanitary Commissioner with the Government, and certified to be pure by an officer pronounced competent for that purpose by the said Sanitary Commissioner.

Use of other lymph.

16. Any person desirous of getting himself, members of his household or children under his guardianship, vaccinated with any lymph other than those described in para 14 above, may procure the same at his own cost, and get himself, his household or children under his guardianship vaccinated with it, provided that the lymph so obtained is certified to be pure by an authority accepted as competent by the Sanitary Commissionor.

Carelessness in vaccination and vaccination by unauthorized persons considered offences.

17. A vaccinator shall take all possible precautions to perform the operation carefully and aceptically; and any vaccinator who by carelessness or neglect or by use of lympy which has not been certified as required in rules 15 and 16, injures the health of a person vaccinated, and any person who, not being duly authorized to vaccinate according to these rules, vaccinates persons with any lymph within the area in which these rules have been made applicable, shall be considered to have committed an offence under the Mysore Vaccination Regulation of 1906.

No fee to be charged except by a private vaccinator.

18. No fee shall be charged by any vaccinator except by a private vaccinator for any of the duties imposed, under rules, on such vaccinator.

Proviso.—(1) Provided that it shall be lawful for a vaccinator to accept a fee for vaccinating a person or his household at his request, or if a child, at the request of its parent or guardian, elsewhere than in the depot in which such vaccinator is working. (2) provided also that in the case of females observing "gosha" or "purda" system, no fee shall be charged for vaccinating them in their houses within the circle for which such vaccinator is appointed.

Duties of the Superintendent of Vaccination.

19. The Superintendent of Vaccination, in addition to other duties imposed on him by or under these rules, shall ascertain whether all unprotected persons above the age of six months within the area under his superintendence have been vaccinated; and if he has reason to believe that any person is bound by the provisions hereinbefore contained to procure vaccination of himself or child under his care and guardianship or to present himself or it for inspection and has omitted so to do, he shall personally go to the house of such person any time, between 6 A.M., and 6 P.M., and there make enquiry and shall, if the fact is proved,

Notice to person or parent or guardian neglecting to comply with these rules.

forthwith deliver to such person or cause to be affixed to his house a notice requiring the person or child under his care or guardianship to be vaccinated or (as the case may be) to present or to be presented for inspection, at a time and place to be specified in such notice.

Heads of household to present members of the household for inspection and to furnish correct information.

20. When, in accordance with rule 19, the Superintendent of Vaccination goes to a house in his circle to make the necessary enquiries, it shall be the duty of the head of the household or in his or her absence, the eldest adult member present, to present, if so required, all or any member of his or her household before the Superintendent of Vaccination for his inspection and to state correctly their name, age, period of residence and other particulars that may be required by him.

Proviso.

Provided that, in the case of females of and above 12 years of age, especially those observing the "gosha" or "purda" system, the inspection and enquiries shall, if so required by the parties, be made by any competent female on behalf of the Superintendent.

Special provision in case of immediate danger of small-pox infection.

21. In cases where there is immediate danger of small-pox infection, the Superintendent of Vaccination may, by special notice served on the head of a household or affixed to the house, require any person living therein who is unprotected against the disease and does not possess the certificate of insusceptibility prescribed in rule 11, and is in consequence exposed to the risk of catching the infection and conveying it to others, to go, or in case of a child, to be taken to a vaccinator and get himself or it vaccinated forthwith. Any person so required shall get himself, or if a child in his care or guardianship, that child, vaccinated within 48 hours after the service of the notice as above mentioned.

22. If the notice referred to in rule 19 and 21 has been served and is not complied with, the Superintendent of Vaccination shall report the matter to any Magistrate having local jurisdiction, and the Magistrate receiving such report shall summon the person and demand his explanation and shall, if such explanation be not satisfactory, make an order in writing directing such person to comply with the notice before a date specified in the order.

Order by Magistrate when notice is not complied with.

23. If on such date the order has not been obeyed, the Magistrate shall summon the person before him and unless just cause or excuse is shown, shall deal with the disobedience as an offence punishable under section 2 (3) of the Mysore Vaccination Rugulation of 1906.

Procedure when order not obeyed.

24. When the above rules are made applicable to any local area where vaccination has been made compulsory by Government, the local authorities of such area may from time to time make bye-laws consistent with these rules for the proper enforcement of the Vaccination Regulation within the limits to which it applies. Such bye-laws shall be passed in the manner in which, under the law for the time being in force, the local authorities make bye-laws, and shall, when confirmed by Government and published in the Government Gazette, have the force of law;

Power to make bye-laws.

Provided that the Government may at any time rescind or modify any such bye-laws.

25. The bye-laws to be made for any local area under rule 24 above may, among other matters, provide for:—

What bye-laws under rule 24 may provide for.

(*a*) The division of such local area into convenient circles for the performance of vaccination.

(*b*) The appointment of one or more places in each circle as public vaccination depots and the posting of some distinguishing marks in a conspicuous place near each depot and showing hours at which vaccination will be performed therein.

(*c*) The special arrangements to be made with reference to the vaccination of grown-up girls and adult females, especially those observing "Gosha" or "purda" system.

(*d*) The number of male and female public vaccinators required for each circle.

(*e*) The time of attendance of public vaccinators at the vaccination depots.

(*f*) Their residence within the limits of the vaccination circles.

(*g*) The distinguishing mark or badge to be worn by them while on duty.

(*h*) The amount of fee chargeable by private vaccinators and the rate of fee chargeable by public vaccinators vaccinating at places outside the vaccination depots or circle.

(*i*) The facilities to be afforded to the people for procuring the vaccination of their children and purda females at their own houses.

(*j*) The preparation and keeping of registers showing the names of persons in the local area, showing whether they are protected or unprotected; the names of children born in such area on or after the introduction of compulsory vaccination; the names of unprotected persons or children that have come or been brought into the area at any time after vaccination has been declared compulsory, and who have resided there for a month; the result of each vaccination or its postponement and the delivery of certificates, if any.

(*k*) The assistance to be given by the Municipality in the preparation of these registers and in other matters.

(*l*) The preparation of vaccination returns and reports.

26. (1) Any person who, in contravention of these rules (*a*) neglects without reasonable excuse to get himself or child under his care or guardianship vaccinated, or after vaccination, to be inspected on a date and time to be prescribed by the vaccinator; (*b*) neglects to forward a certificate of vaccination and its result under rule 12; (*c*) refuses to give information or willfully gives false information when asked under rule 19, or neglects to comply with notice served under the same rule and rule 21; (*d*) violates any of the bye-laws made and confirmed under rule 24;

Punishment of offences.

(2) Any vaccinator who refuses to vaccinate or neglects to grant the certificates required to be granted in accordance with these rules, or recovers any unauthorized fee or remuneration for vaccination or granting a certificate,

shall, on conviction before a Magistrate, be punished with fine which may extend up to Rs. 20.

(3) (*a*) Any person not authorized under rule 4 who vaccinates a person within ths area in which these rules have come into force;

(*b*) and any authorized vaccinator who neglects or refuses to take due precautions while operating, or uses lymph not certified as pure by competent authority as required in rules 15 and 17 and thereby injures the health of any person vaccinated;

(*c*) any person who disobeys a Magistrate's order under rule 22,

shall, on conviction before a Magistrate, be liable to a fine which may extend up to Rs. 50.

27. Any person who, after conviction under rule 26, continues, one week without valid cause, his refusal to get himself or child under his guardianship vaccinated, shall again be liable on conviction to a fine not exceeding Rs. 20.

By Order,
C. S. BALASUNDARAM IYER,
Offg. Secy. to Govt., Gen. & Rev. Depts.

READ—

The following letters from the Senior Surgeon and Sanitary Commissioner with the Government of Mysore :—

(1) Letter No. G. 239, dated the 28th September 1906, from Lt.-Col. J. Smyth, I.M.S.

(2) Letter No. G. 673—4, dated the 2nd February 1907, from Major H. E. Drake Brockman, I.M.S., Offg. Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore.

Looking over the heavy toll that disease and death have levied in this State during the past few years, and some of the more important Sanitary Reports by Col. Benson, Lt.-Col. Smyth and the Personal Assistant to the Sanitary Commissioner, one cannot but feel convinced of the very urgent necessity that exists for the formation of an efficient Public Health Department for this State. The feeling is, if possible, enhanced by the fact that there exists at present no really definite or uniform policy as regards Sanitary Administration, and that money is at present literally thrown away in so-called sanitary measures which serve no really sanitary purpose, while in the matter of prevention of epidemics, there is no prompt, efficient and uniform action taken, owing, not only to the employment of unqualified and *ex-officio* officials, but also to the want of clear definition of each one's duties and responsibilities. The necessity for a separate Public Health organization became clearly felt soon after the introduction of Plague into the State in 1898, and Col. Benson in a letter to the then Plague Commissioner advocated the formation of the Health Department, and probably with that officer's concurrence, subsequently formulated a scheme in consultation with Col. King, Sanitary Commissioner to the Government of Madras. The cost of that scheme was certainly moderate, the ultimate additional charge proposed under Provincial Funds being only Rs. 44,042 a year. Nevertheless, the Government that have been spending large sums every year on "so-called" sanitary projects and expensive plague measures, revised that scheme without reference to the Senior Surgeon, with a view to economy, and in that revised scheme which received their approval, the additional charge under Provincial Funds was practically *nil*. This result was secured by mutilating the proposed organization so much as to remove a major portion of its body and leave only disjointed and scattered limbs!

It is a matter of very great surprise to me, mingled with regret, that in this model Native State (which spends proportionately more than others similarly situated, on its Public Services, and rightly so in order to maintain them in a high state of efficiency) the formation of a Sanitary Department even on a modest scale should not have met with approval. It is moreover anomalous that a State possessing an Education Department costing 8 lakhs, a Police Department costing 10 lakhs, a Military Service, 13½ lakhs, a Muzrai Department costing 3½ lakhs and Jails costing 1½ lakhs, should provide, in accordance with the revised sanitary scheme, a budget provision for sanitation and vaccination of only Rs. 33,400 which is less than the provision for the Archæological Department, Public Gardens, and even the Amrut Mahal Cattle. The comparison is most unfavourable as regards the Jail Department, one in which the expenditure yearly allotted is entirely incurred on behalf of the *least deserving portion of the population*!

I need hardly take this opportunity of impressing upon the Government the vital importance of a *well organized* and *efficient* sanitary department and its very intimate association with the welfare of the community at large, as that is a factor so thoroughly now-a-days understood and appreciated by every civilized administration throughout the world, as not to need any further comment from me, but, in the face of painful experiences in connection with the outbreak of plague in India in recent years, which found us as a country totally unprepared to cope with its ravages, I would earnestly urge early and serious re-consideration of this subject.

With reference to the revised scheme sanctioned by Government, I fully concur with Lt.-Col. Smyth's opinion expressed in his letter No G. 239, dated 28th September 1906, that "if we had every Sanitary Inspector therein sanctioned, Mysore would still have a far-from-perfect sanitary service, and that without adequate supervison, these officials would gradually degenerate into mere costly encumbrances." Lt.-Col. Smyth's modified scheme proposed in the letter referred to above is now under consideration of Government.

I have carefully studied both the original scheme and the one submitted by Col. Smyth, and am of opinion that while containing suggestions of great value, both should be modified in certain important respects, to suit our present needs. In the first place, whatever may be the nature of the scheme which is proposed, a point of the most vital importance for the efficient sanitary administration of a country is that the Sanitary Profession should be represented *directly* in the Government of the land, this is more especially so, when the Department i

newly started. The officers that usually constitute Government have not had opportunities of studying the great strides which Sanitary Science has made in recent years in all civilized countries and as a direct result, the immense practical benefits that efficient sanitary organizations have afforded to mankind in countries where they have been provided.

Neither of the above schemes, however, contains the proposal that the Sanitary Commissioner or any other expert in Sanitary Science should be Secretary to Government in the Sanitation Department. In this State, it does not appear to me that there need be any difficulty in sanctioning such a proposal, for in other Departments such as the Public Works Department, Geological, Military and even Muzrai, such direct representation is in vogue.

In the next place, neither of the schemes referred to suggests the entertainment of a full-time Sunitary Commissioner. When the Senior Surgeon to Government was made *ex-officio* Sanitary Commissioner in 1887, the duties pertaining to the latter office consisted mainly of scrutiny and compilation of birth and death returns, supervision of vaccination, and control of cholera epidemics. Since 1887, there has been a very considerable increase in the nature and scope of the duties generally regarded as legitimately pertaining to the office of Sanitary Commissioner. The control of plague operations for which there were special officers formerly, has also since been made part of the Sanitary Commissioner's duties, a condition of affairs without analogy in other large Provinces in India, and all these extra duties, by the way, consolidated into one appointment without any consideration in the way of extra remuneration to him as is done in similar circumstances elsewhere, *e.g.*, Hyderabad. The duties of the Senior Surgeon in the Medical Department alone moreover have nearly trebled during recent years as comparison will readily prove, on reference to the figures noted below :—

Year	No. of Hospitals and Dispensaries in the State	No. of Medical Officers and subordinates in the State service	No. of sick treated
1887	51	98	3,19,201
1906	137	237	12,30,591

The work in institutions such as the Medical Stores, Lunatic and Leper Asylums which are under the direct charge of the Senior Surgeon, has also increased proportionately since 1887, and the additional duty of Inspector-General of Prisons has also, in recent years, been added on to his multifarious duties without remuneration, a fact also without analogy in any other Province in India. Occasionally the work of Durbar Physician also falls on him when as at present, there is no incumbent of that post. It would thus be clear that it is, at present, practically impossible for the Senior Surgeon to perform the work of Sanitary Commissioner as well, without a properly organised Sanitary Department with an efficient staff. This point appears to have been omitted in both the schemes owing to the cost involved in securing the services of a competent officer to act as Sanitary Commissioner to Government. But that the point was not not forgotten altogether when drawing up the schemes is clear from the fact that other arrangements are proposed to remedy this defect. In the King-Benson scheme the appointment of a full-time Deputy Sanitary Commissioner and a Personal Assistant to the Sanitary Commissioner are proposed. In Col. Smyth's scheme a Personal Assistant is provided for in the General Sanitation Department, while in his letter No. G. 313, dated 16th October 1905 in connection with the re-organization of the Vaccination Department, provision is made for a Deputy Sanitary Commissioner as well. As neither of the abovementioned officers has suggested the entertainment of a full-time Sanitary Commissioner, I do not press the point, but I would urge the appointment of an efficient officer as a *Deputy* to the present Sanitary Commissioner to act in exactly the same capacity as Deputy Sanitary Commissioners do, at the present time, in all other Provinces in India. If a suitably qualified and competent hand be secured for this appointment, I think the duties of the Deputy and the Personal Assistant defined in the original scheme could be combined with advantage, at least for the present, and when the Department is fully organised later on, if the work is found to be too heavy for one man, the separation of the functions may be considered. The Deputy will thus be also Secretary to the Central Sanitary Board. He shall also assist the Sanitary Commissioner in his work as Secretary to Government in the Sanitation Department, and shall for that purpose be termed Under or Assistant Secretary, Sanitation Department, as in the Public Works, Geological and Military Departments. The status of the officer should he analogous to that of the Deputy to the Chief Engineer and the minimum pay for the combined appointment should not be less than Rs. 500. The maximum might be fixed rising in stated instalments

to Rs. 800. In the original scheme an allowance of Rs. 300 and Rs. 200 respectively are provided for the Deputy Sanitary Commissioner and Personal Assistant, but for the combined duties and the additional work now proposed I have provided only an allowance of Rs. 300 *i. e.*, the same as what has been passed by Col. Smyth in his letter No. G. 313, dated the 16th October 1905, for charge of the Vaccination Department.

A further defect in the schemes already proposed is that neither of them contemplates the formation of a State Health Department distinct by itself and apart from the Medical Department proper. Preventive Medicine is now a very wide and recognized special branch of study in itself and as such can usually absorb a man's whole energy, and time and it would not be in keeping with the progress of modern times to have the two Departments, Preventive and Curative, *i. e.*, Sanitary and Medical, mixed up together *Permanently*. It is a well established fact that a District Medical and Sanitary Officer whatever may be his general qualification and willingness to work, has practically no time to devote to the study of and attention to Preventive Medicine, in addition to his legitimate duties which should be connected with the treatment of the sick more or less absolutely. I would therefore propose that the District Medical and Sanitary Officers be ultimately and gradually relieved of the actual sanitary portion of their work by Medical graduates of approved merit who have undergone special training in Sanitary Science, as soon as these are available. In order to effect better sanitary control over it, I would propose that the State be divided into three Sanitary Divisions each being placed under a Divisional Sanitary Officer. If sufficiently attractive pay be offered, I feel sure that really good men can *at once* be had to fill these appointments, or failing that, suitable men may be selected from the Medical Department and given the necessary sanitary training in Madras or England which could be completed within a year. A salary commencing at Rs. 250 and rising to Rs. 400 with an allowance of Rs. 150 will, I think, attract the right sort of men. These appointments could be filled up as men become available; in the meanwhile the present District Medical and Sanitary Officers may continue to perform the duties of the Sanitary Department as hitherto and supervise as far as possible the work of the qualified Sanitary Inspectors wherever such have been entertained, and for this additional work they may be given an allowance of Rs. 50 *temporarily*.

I cannot agree to the proposal of confining the reformation to one district to start with for more efficient sanitary effort is urgently called for *all over the State* and, to be of any real use to the community at large, must be a general and combined effort. The rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly so that men with the necessary sanitary training who agree to pass an examination in Kanarese in six months or a year, may be admitted. These may be posted throughout the State wherever there may be the greatest demand for them. To facilitate the supervision of these Sanitary Inspectors, the present Deputy Inspectors of Vaccination may be given a training as Sanitary Inspectors in Madras as proposed by both Col. Benson and Lt.-Col. Smyth, and afterwards be appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination, and placed under the District Medical and Sanitary Officers for the time being, and subsequently under the Divisional Sanitary Officers. The pay of these officers might be the same as was proposed in the original scheme with an allowance of Rs. 30 for the additional sanitary work imposed. But when by transfer or retirement, their places become vacant they should be filled up by Medical Officers of the present Sub-Assisstant Surgeon's grade who have undergone special sanitary training in Madras. These will then be the District Sanitary Officers and should have control over all Sanitary and Vaccine operations in the district under the direct orders of the Divisional Sanitary Inspector. Their pay may be fixed at from Rs. 100 to Rs. 200 plus an allowance of Rs. 50.

Thus ultimately; the Department would consist of only men who have undergone a special training in Sanitary Science. This is what exists in England and what is being aimed at and brought about in British India at the present time. When smaller Native States like Travancore have already set an example in this direction and maintain a separate Sanitary Department distinct from the Medical, such cannot, and should not, be impossible in Mysore. In addition to the Divisional and District Sanitary Officer, each of the Municipalities of Bangalore and Mysore as heretofore and the Sanitary Board, Kolar Gold Fields, will have to entertain and maintain their own Health Officers. As the pay of these officers will be debited to Municipal and Sanitary Board funds, it is not shown here. The Sanitary service thus formed ultimately, would be a distinct graded service like the Medical and would consist of—

(1) One Sanitary Commissioner *ex-officio* (Secretary to Government, Sanitary Department).

(2) One Deputy Sanitary Commissioner, and Inspector of Vaccination (Under or Assistant Secretary, Sanitation Department) Rs. 500—50—800 plus Rs. 300.

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(3) Three Divisional Sanitary Officers Rs. 250—25—400 plus Rs. 150.
(4) Three Municipal Health Officers.
(5) Eight District Sanitary Officers Rs. 100 $\frac{25}{2}$ 200 plus Rs. 50.
(6) Sanitary Inspectors as already sanctioned in Government Order No. 9301-19—M. L. 67-03, dated 8th April 1905.
(7) Thirty-three (to 48) vaccinators ranging from Rs. 20 to 40 plus Rs. 10 and necessary clerical establishment (*vide* proposition statement.)

The salaries above shown may appear at first sight a bit too liberal when compared with what is being paid in the Medical Department proper, but it must be remembered that Sanitary service is everywhere better paid than the Medical Department on account of the very great risks Sanitary Officers are subjected to in their every day work in connection with dangerous epidemics, and the loss of all income from private practice. There are at present no less than 4 instances of families of Medical Officers and subordinates claiming some kind of compensation on account of death of those officers while discharging plague or other sanitary duties. The amounts proposed are, I think, the least that would attract the right sort of men and offer them sufficient inducement *to remain on* in the Sanitary service, a very important consideration in order to maintain continuity in administration of the department.

The greater bulk of the present plague expenditure would possibly be curtailed by the inauguration of a Sanitary Department on thoroughly efficient lines effecting a considerable saving to the State under that head. It will also be noted that the officials of the Vaccination Department will untimately be assimilated into the Sanitary Department as a branch (as in British India) and that though put down here, will not necessitate any extra expenditure, but for purposes of Administration, form an integral branch of the Sanitary Department of the State.

When the Department is organized there will have to be a public Health Institute attached to it. In my letter No. G. 671, dated 31st January 1907, I have referred to this separately. A Laboratory Assistant on Rs. 80 rising to Rs. 120 plus Rs. 20 and two menials are provided for the purpose in this scheme.

Sanitary Boards.—One of the seggestions in which I fully concur with my predecessors isthe formation of Central and District Sanitary Boards. These I consider absolutely necessary for reasons already given by Col. Smyth in the last but one para of his letter No. G. 239, dated the 28th September 1905. The Board as recommended is only consultative and advisory, and cannot therefore hamper the Executive. Such Boards exist in all civilized countries, and in British India they have been working satisfactorily for some years. I would recommend the following modifications in the *personnel* of the proposed Board. In the Central Sanitary Board, in place of the Secretary to Government, General and Revenue Departments, who probably cannot find the required time and is, besides, a part of Government, I would propose the Revenue Commissioner. I would also suggest the appointment of the Deputy Sanitary Commissioner and the Sanitary Engineer to Government as members of the Board in addition to the Sanitary Commissioner and the Chief Engineer, for it would be these officers that would be more conversant with details and local requirements in connection with any proposal that may come before the Board. They should be allowed to vote, as without that privilege it is not likely that they would take the same interest in the deliberations of the Board. The Deputy Sanitary Commissioner should be Secretary to the Central Sanitary Board as stated above.

In the District Sanitary Boards, the Divisional Sanitary Officers and District Sanitary Officers when appointed should be members in addition to the District Medical Officers. The District Medical Officer will be the Secretary as proposed in the original scheme till the Divisional Sanitary Officer is appointed and relieves him of such work. The non-official members proposed should have power to vote, as otherwise they are not likely to take interest in the proceedings of their respective Boards.

The working of the Department will be the same as was proposed in the original, *i.e.*, King-Benson Scheme with the exception that the District Sanitary Officer when appointed will not be subordinate to the District Medical Officer, but will be directly under the orders of the Divisional Sanitary Officer.

The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local Revenue authorities, *i.e.*, Municipal or Local Fund Presidents and Vice-Presidents may give them instructions in ordinary routine work. In cases of urgency in connection with epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer. The suggestions as regards funds, made in the original scheme, also meet with my approval.

SUMMARY OF PUBLIC HEALTH SCHEME.

GOVERNMENT

CENTRAL SANITARY BOARD.

- (1) Sanitary Commissioner (President).
- (2) Revenue Commissioner (Revenue Member).
- (3) Chief Engineer (Engineering Member)
- (4) Deputy Sanitary Commissioner and Inspector of Vaccination (Additional Sanitary Member and Secretary)
- (5) Sanitary Engineer (Additional Engineering Member).

SANITARY COMMISSIONER.

DEPUTY SANITARY COMMISSIONER.

- Divisional Sanitary Officers,
- Public Health Laboratory.
- Sanitary Commissioner's Office.
- Vaccine Institute.
- Health Officers of Bangalore Mysore and Kolar Gold Fields.

DISTRICT SANITARY BOARDS.

- (1) Deputy Commissioner (President and Revenue Member).
- (2) Divisional Sanitary Officer (Sanitary Member and Secretary
- (3) District Engineer (Engineer Member).
- (4) District Medical Officer (Medical Member).
- (5) District Sanitary Officer (Additional Sanitary Member).
- (6 & 7) Two Municipal or Local Fund Members (Non-official Members).

DISTRICT SANITARY OFFICER.

SANITARY INSPECTORS.

- Village Heads.
- Conservancy Staff.
- Vaccinators.

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As regards the revision of Vaccination Department which was proposed in the original scheme, Government did not at first pass any orders. Subsequently on Col. Smyths' No. 313, dated the 16th October 1905, Government were pleased to sanction the system of working of the Department without revising the establishment as recommended. It is now requested that the revision of the establishment proposed may also be sanctioned, as without it, it is not possible to work the system efficiently. The total additional cost of the new proposal for the organization of the sanitation and revision of the Vaccination Department will thus be now Rs. 35,772 and ultimately Rs. 56,292. The details are shown in the proposition statement appended. The probable cost of travelling and contingent charges will thus be Rs. 12,000 in addition.

The officers and staff will be appointed gradually according to urgency and as suitable hands become available.

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(3) *Letter No. G. 829, dated the 26—27th March 1907, from Major L. E. Drake Brockman, I. M. S., Offg. Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore.*

In continuation of my letter No. G. 673, dated the 2nd February 1907, forwarding for consideration and sanction of Government a revised and detailed scheme for a Public Health Department for this State, and with reference to the conference held in the Council Chamber on Saturday, March 16th, I beg herewith to forward a list of certain items which were revised in consultation at the time with regard to the pay of certain officials, ultimately to be appointed in connection with this scheme, *viz* :—

Deputy Sanitary Commissioner's pay to be Rs 500-50-750, increments biennially.

Divisional Health Officers (one for each section) Rs. 250-50-400. increments biennially.

Beyond the above mentioned amended items it was agreed that the entire scheme should stand.

The Health Officers for the Cities of Bangalore, Mysore and Kolar Gold Fields are items urgently required, and considering the long-felt necessity for the same I would urge very early orders being passed by Government as to their entertainment.

As regards the Divisional Health Officers it was suggested, and I think rightly, that a commencement should at once be made by the appointment of one such duly qualified to the western Circle, which includes the most unhealthy portions of the State, e.g., Shimoga, etc.

The incidence of diseases such as cholera and small-pox recently in epidemic form call for early measures, and if early orders on the subject be kindly passed, it will enable me to set about organizing details, as I may point out that it will be a matter which cannot be done in a hurry as a careful selection of really competent and suitable officials will have to be made and there is a large mass of detail and administration which will have to be gone into very thoroughly by me in starting this scheme in order to ensure success, which I am confident of, as results will, I feel sure, speedily prove.

As regards the question of finance, I was requestsed at the Council Meeting to suggest, if possible, any retrenchments in the Medical Department or transference of funds in order to meet the extra expenditure to be incurred. I much regret, after carefully going into details, that I am unable to suggest auy such from any available source at present, and moreover would not advise tampering with the budget heads of department whose needs are so dependent upon influences outside our control, which may at any moment require large additions to its income in order to meet immediate developments, as the vagaries of disease and its incidence are dependent upon factors which cannot usually be foreseen, I regret to say, so that if budget grants are diminished, it may mean many and urgent applications to Government for their refund at any moment, which is undesirable.

I may add that if my scheme is given a full and fair trial, I can guarantee results in a very short space of time, and anticipate certain savings in the plague allotments. I also hope to carry on the Vaccine Institute upon lines which should give a handsome return to the Government; in this and in many little ways I feel sure we shall get more than a return for our money in the long run.

In conclusion I beg to express a hope that early orders may be issued by Government on this most important matter as it has been one which has remained shelved more or less far too long, and if postponed much longer, may possibly recoil upon us in a very unpleasant manner.

READ ALSO—

The following extracts from letter No. G. 440½, dated the 27th May 1903, from Colonel P. H. Benson, Senior Surgeon and Sanitary Commissioner, referred to in the second of the letters read above;—

* * * * *

6. *The duties of the Central Sanitary Board* will be to consider all Sanitary schemes involving an expenditure of over Rs. 1,000 forwarded by the Sanitary Commissioner, or by District Boards or other authorities through him, and if the expenditure be not above Rs. 20,000 accord or refuse its sanction for their execution as it may deem fit. When a scheme is estimated to cost over Rs. 20,000 the Central Sanitary Board will place the scheme before Government, together with the full papers and an expression of its advice for final disposal by Government, provided no action need be taken when the Board is of opinion a scheme should not be carried out. The work of the Board will be conducted by circulating papers, and by special meetings when thought necessary by the President

7. *The Sanitary Commissioner to Government* will be responsible direct to Government for the administration of the entire Department. He shall have power to pass all schemes involving an expenditure of not more than Rs. 1,000. In the case of all schemes costing over Rs. 1,000 the District Boards and Municipalities shall submit to such methods of control of expenditure as the Central Sanitary Board may from time to time direct. The Sanitary Commissioner will also be *ex-officio* member of all Sanitary Boards.

8. *The Personal Assistant to Sanitary Commissioner* as Secretary will have no power to vote. His duties will be to receive all communications addressed to the Board, and lay them before the President, to record all proceedings of the Board and to carry out the orders of the President. As Personal Assistant to the Sanitary Commissioner, he will be in charge of the Vaccine Institute, and assist the Sanitary Commissioner in all scientific branches of his work.

9. *The Deputy Sanitary Commissioner* will also be Inspector of Vaccination. He will, of course, be subordinate to the Sanitary Commissioner. His duties will be to assist the Sanitary Commissioner in controlling and administering the Sanitary staff and in supervising Vaccination and Registration of Vital Statistics throughout the Province, and in carrying out such sanitary inspection as he may specially, and from time to time, be deputed to undertake by the Sanitary Commissioner.

10. *The Sanitary Engineer's duties* will remain the same as hitherto with the exception that he will perform his work in accordance with the orders of the Sanitary Board, and all schemes drawn up by him must be submitted to the Sanitary Commissioner or the Central Sanitary Board through the Sanitary Commissioner, for approval according as the cost involved is below or over Rs. 1,000 in each case.

11. *The Special Health Officers of Bangalore and Mysore Cities* will be directly subordinate to the Sanitary Commissioner.

12. *The Sanitary Commissioner's Office* will consist of three branches, *viz.*, (1) the Vital Statistical (2) Public Health and General Correspondence and (3) minor Engineering. This latter is provided for the drawing up of plans and estimates for all minor and petty works that the Sanitary Commissioner may require from time to time and for issue of type designs for such works, all other works being attended to by the Sanitary Engineer's Department as hitherto.

13. *District Sanitary Boards.*—At present all matters in connection with sanitation in the different districts (rural areas) are dealt with by the Local Fund Boards composed of the Deputy Commissioner as President, the District Engineer and Amildars as members, the District Medical and Sanitary Officer as an *ex-officio* member having but little voice in the matter. In order that Sanitary works may in future receive more attention, it is proposed to have in addition to the above Local Fund Board, a District Sanitary Board which will relieve the Local Fund Board of all duties in connection with sanitation in the District. The District Sanitary Board shall be composed of the following *ex-officio* members:—

(1) The Deputy Commissioner, President and Revenue member.

(2) District Medical and Sanitary Officer, Secretary and Member.

(3) Executive Engineer of the District, Engineering Member.

14. Additional members not exceeding two in number may be appointed by the Board from time to time. These shall be members of the Local Fund Board or Municipalities in the district elected temporarily at a meeting, with reference to their local knowledge in connection with schemes relating to areas in which they are concerned. These members shall retain their seats in the District Sanitary Board until the completion of such works or rejection of the schemes with reference to the special knowledge of which their election shall have been decided upon by the District Board. Their memberships shall then be relinquished. These additonal members shall have no vote.

15. Schemes for sanitary improvements may be submitted by any official or tax-payer to the District Sanitary Board. The Board will consider all such schemes every year, will draw up before time of budget, proposals for the expenditure of allotment, retaining portion for minor emergent schemes that may be required during the year. Before final embodiment in the budget, the proposals should receive the sanction of the Sanitary Commissioner.

16. Sanitary works shall be classified as "Major," "Minor" and "Petty." Major works shall include undertakings involving expenditure of and over Rs. 1,000. Minor works shall include undertakings of and above Rs. 50 and up to Rs. 1,000. Petty works shall include undertakings costing below the sum of Rs. 50.

17. Plans and estimates for all major works shall be undertaken under the supervision and advice of the Sanitary Engineer to Government. Minor sanitary works shall be undertaken by the District Boards and District Municipalities, both as to preparation of schemes or plans and their execution, with the advice of the District Sanitary Board, but when any single work is estimated to cost Rs. 200 or more, the plans and estimates prepared by the District Sanitary Board, shall, before execution of the works, be approved by the Sanitary Commissioner. Petty Sanitary works shall be executed under such Agency as District Boards and Municipalities may direct. In the execution of these works, the authorities will follow standard designs as far as possible.

18. Before proceeding to execution, Local Fund Boards and Municipalities shall refer plans and estimates for Sanitary works other than those classed as petty to the District Sanitary Board of the District concerned, for approval by the Sanitary Commissioner, or the Central Sanitary Board, as the case may be.

19. Copies of all resolutions passed by the District Sanitary Board shall be forwarded for information of the Central Sanitary Board addressed to the Secretary to that Board, and when the works referred to are not of a nature requiring the formal approval of the Central Sanitary Board, it shall nevertheless be allowable that the latter shall in its discretion call for plans and estimates and advise thereon as it may think fit. But it shall be understood that if within ten days of acknowledgment of receipt of such resolution no request for plans and estimates has been made by the Board, the District Sanitary Board shall be entitled to carry out works without further reference.

20. In the event of the Sanitary Commissioner objecting on Sanitary grounds to any proposals made, he should serve notice to the District Sanitary Board, which should desist from effecting such arrangements objected to until it has received either a written or personal explanation from that officer. If the District Sanitary Board be of opinion that the objection should be overlooked, the matter may be referred by the Sanitary Commissioner, at his discretion, either to Government or to the Central Sanitary Board. The decision received from either of these authorities shall be considered final.

21. All correspondence addressed to the District Sanitary Board shall be forwarded to the Secretary, and all Proceedings of that Board shall be issued under the signature of that officer. All correspondence affecting Sanitary matters in areas under the charge of the District Boards and Municipalities other than those of Bangalore and Mysore, shall be addressed by Members of these bodies and by the District authorities concerned through the District Medical and Sanitary Officer to the President of the Board concerned and in the case of Bangalore and Mysore through the respective Health Officers.

* * * * * *

41. *Funds.*—Government will every year allot a certain portion of its total Provincial Revenue to Sanitation and will allot it on the advice of the Central Sanitary Board. Out of this fund, will be met the permanent charges of the offices of the Sanitary Commissioner, the Sanitary Engineer, the Deputy Sanitary Commissioner, Vaccine Institute, the pay and allowance of the District Health Officer, cost of his staff as well as that of District Medical and Sanitary Officer, Deputy Inspectors of Vaccination and Taluk Vaccinators. Out of the balance will be met the varying charges under the head of annual loans and grants to local bodies for major Sanitary works.

42. Local Fund Boards and Municipalities will, in consultation with the District Sanitary Board, allot as much funds as are available for Sanitation. Such allotments shall, in the case of the Local Fund Boards, be not less than 15 per cent of the total current income, and in the case of Municipalities, not less than 30 per cent. Of these allotments, a portion will be placed at the disposal of the Amildars or Presidents of Municipalities towards permanent charges of the Sanitary ministerial and menial establishments. The balance will be placed at the disposal of the District Sanitary Board towards varying charges under the heads of—

(1) Sanitary works and repayment of loans for such works.

(2) Epidemic charges—reserve.

(3) General Sanitary apparatus and conservancy plant.

(4) Contingencies including petty works and repairs to plant.

43 The following in an abstract statement of source and expenditure of Sanitary Funds :—

THE GOVERNMENT SANITARY ALLOTMENT.

(As much as available every year.)

PROVINCIAL FUNDS.

PERMANENT CHARGES.	VARYING CHARGES.
Offices of Sanitary Commissioner, the Sanitary Engineer, Deputy Sanitary Commissioner, Vaccine Institute, Offices of the District Medical and Sanitary Officers, District Health Officers and their staff, Deputy Inspectors of Vaccination and Taluk Vaccinatiors.	Annual grants and loans to local bodies for major Sanitary works.

LOCAL AND MUNICIPAL FUNDS.

(As much as available but not less than 30 per cent of current revenue in the case of Municipalities and 15 per cent in the case of District Fund Boards.)

PERMANENT CHARGES.			VARYING CHARGES.	
Sanitary ministerial and menial establishments.	(1) Sanitary works, major and minor, repayment of loans for such works.	(2) Epidemic charges reserve.	(3) General Sanitary apparatus and conservancy plant.	(4) Repairs to plant and contingencies including petty works.

VCCIANATION DEPARTMENT.

44. As the Vaccination Department forms part of the General Sanitation Department, the question of its reorganization is taken up with that of the Health Department. In April 1889, the Department was placed under the immediate supervision of the District Revenue authorities as the District Medical Officers found it impossible to exercise sufficient supervision without prejudice to their own duties. In the scheme now proposed, the Deputy Sanitary Commissioner will also be Inspector of Vaccination and the District Medical and Sanitary Officers with the help of the District Health Officers will be able to control Vaccination work in the Districts. It is therefore proposed that the Deputy Inspectors of Vaccination and the Vaccinatiors be placed entirely subordinate to the District Medical Officers. This will relieve the District Revenue Officers of their present anomalous position having to supervise work of a professional nature without their possessing any knowledge of the same.

* * * * * *

50. For Vaccination work to be conducted efficiently according to the abovementioned scheme, it is necessary that the presonnel of the Department should be improved. The present Vaccinatiors are of a class little better than peons and their educational qualifications are also about the same. In the scheme now proposed the pay and prospects of the Vaccinatiors are raised so that only persons that have passed at least the Middle school or Lower Secondary examinations will be entertained. It is also proposed to mount the Vaccinators, as when they are mounted, they will be able to visit more villages than hitherto. It is hoped that one mounted Vaccinator will be able to do the work of three of the present Vaccinators. In the propositions statement therefore only one mounted Vaccinator is provided in the place of three existing.

51. Perhaps it may be found that in certain localities three taluks cover too extensive an area to be managed by a single Vaccinator under this system, though he may be mounted. In that case it may be necessary to appoint additional Vaccinators not more than 15. The appointment of 15 additional Vaccinators will cost Rs. 5,400 more a year than what is now proposed.

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Proceedings of the Government of His Highness the Maharaja of Mysore,

No. 1378-92—SAN. 93-06-8, DATED BANGALORE,

10TH AUGUST 1907.

ORDER THEREON.—In August 1903, Lieutenant-Colonel Smyth, the then Senior Surgeon and Sanitary Commissioner, submitted to Government a Scheme prepared by Colonel Benson for the formation of a Health Department in the State. The Government in their Order No. 9301-19—Ml. 67-03, dated the 8th April 1905, while regretting their inability, under existing conditions, to accord sanction to the scheme in its entirety, sanctioned as a useful instalment of Sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. Under this scheme there are at present 19 Sanitary Inspectors and three Assistant Sanitary Inspectors employed in several parts of the State, including the Bangalore and Mysore City Municipalities.

3. In September 1906, Lieutenant-Colonel Smyth represented that the scheme sanctioned as above could not be carried out in its entirety throughout the State, as the services of a sufficient number of qualified men could not at once be procured, and suggested that a beginning in the way of organizing a regular Sanitary staff might be made in the case of a selected district or two, the Mysore District being taken up first. His proposals involved (i) the appointment of a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary Officer whith a full complement of Sanitary Inspectors, one for each taluk, and (ii) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also recommended the formation of Central and District Sanitary Boards as suggested Colonel Benson in his original. Lieutenant-Colonel Smyth considered that if District Sanitary Officers of the rank suggested by him were appointed, a District Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two districts instead of one.

3. While this scheme was under the consideration of Governmet, Lieutenant-Colonel Smyth went on leave and Major Drake Brockman, who succeeded him as Senior Surgeon and Sanitary Commissioner, considered that both Colonel Benson's original scheme and the one submitted by Lieutenant-Colonel Smyth required modifications in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered, and Government are pleased to sanction the following proposals for the constitution of a Department of Public Health in the State:—

(1) The Senior Surgeon will continue to be ex-officio Sanitary Commissioner, and as such will be directly responsible to Government for the administration of the entire Department.

(2) As the Sanitary Commissioner has various other duties also attached to his office, he will be given a full-time Deputy, who will relieve him of all routine work and assist him in controlling and administering the Department. The Deputy Sanitary Commissioner will also be Inspector of Vaccination. His pay will be fixed at Rs. 500 raising to Rs. 750 by biennial increments of Rs. 50.

(3) The State will be divided into three Sanitary Divisions and for each Division a Divisional Sanitary Officer will be appointed on a pay of Rs. 250 raising to Rs. 400 by biennial increments of Rs. 50. One such Officer will be immediately appointed to the Western Division, which includes the most unhealthy portions of the State, such as Shimoga.

(4) For the eight districts, there will be 8 District Sanitary Officers subordinate to the Divisional Sanitary Officers. They will be Medical Officers of the present Sub-Assistant Surgeon's grade who have undergone special trainings in Sanitation. Their pay will be Rs. 100 raising to Rs. 200 by bienniel increments of Rs. 25. They will control the work of the Sanitary and Assistant Sanitary Inspectors and Vaccinators, systematically inspect towns and villages in respect of sanitation and the prevention of epidemics, and supervise the registration of vital statistics.

(5) Health officers will be appointed for the Cites of Bangalore, Mysore and the Kolar Gold Fields Sanitary Circle on the same pay as the Divisional Sanitary Officers *viz.*, Rs. 250 raising to Rs. 400 by biennial increments of Rs. 50. They will be given a conveyance allowance of Rs. 50 per mensem in addition.

(6) The appointment of Sanitary Inspectors and assistant Sanitary Inspectors shall be regulated by the Government Order of April 1905, but in order to secure the required number of men, the rules regarding their qualifications will for the present be slightly relaxed. Accordingly it is proposed that men who may be ignorant of Kanarese but posses all the other qualifications may be appointed, provided they are prepared to pass an examination in Kanarese within one year of admission. Sanitary and Assistant Sanitary Inspectors will be directly subordinate to the District Sanitary Officer, but the local Revenue authorities, *viz.*, Municipal and Local Board Presidents and Vice-Presidents, may issue instructions to them in regard to ordinary routine work. In cases of urgency such as the outbreak of epidemics, they shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer.

(7) As men who are qualified for appointment as District Sanitary Officers as above or not available at present, the Deputy Inspectors of Vaccination will be given a training in Sanitation at Madras or elsewhere as early as possible and then appointed temporarily as "District Sanitary Assistants and Deputy Inspectors of Vaccination." They will be in charge of the duties of District Sanitary Officers, until their places become vacant by transfer, retirement, or death, when they will be replaced by duly qualified District Sanitary Officers. During the period of training they shall get their present pay. After training when they are appointed as "District Sanitary Assistants," their pay will be fixed at Rs. 80 for those who are now in the second grade of "Deputy Inspectors of Vaccination" and Rs. 100 for those in the first grade. During the time the Deputy Inspectors of Vaccination are under training, the persent District Medical and Sanitary Officers will supervise the work of vaccination in their districts. The District Sanitary Assistants will be subordinate to the Divisional Sanitary Officers, but until these are appointed, they shall work under the present District Medical and Sanitary Officers. When District Sanitary officers are appointed, the District Medical and Sanitary Officers will cease to be called Sanitary Officers; and the temporary class of "District Sanitary Assistants and Deputy Inspectors of Vaccination" will also cease to exist.

(8) The work of vaccinators is not properly supervised now and the men selected as Vaccinators are not of the right short. It is proposed to get a better quality of work turned out by a much smaller number of men who will be mounted and will be much better paid. The Senior Surgeon's proposal to reduce the number of vaccinators from 95, getting Rs. 10, 12 and 15 to 33 getting Rs. 20, 30 and 40 according to grades, plus a horse allowance of Rs. 10, which involves a slight excess in the cost, is sanctioned.

(9) A Central Sanitary Board for the State and District Sanitary Boards for each district will be constituted as follows,—

CENTRAL SANITARY BOARD.

1. Sanitary Commissioner (President).
2. Revenue Commissioner (Revenue Member).
3. Chief Engineer (Engineering Member).
4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary).
5. Sanitary Engineer (Additional Engineering Member),

DISTRICT SANITARY BOARD.

1. Deputy Commissioner (President and Revenue Member).
2. Divisional Sanitary Officer (Sanitary Member).
3. District Engineer (Engineering Member).
4. District Medical Officer (Medical Member).
5. District Sanitary Officer (Additional Sanitary Member and Secretary).
6. & 7. Two Municipal or Local Fund Board Members (Non-official Members).

NOTE.—Until a district Sanitary Officer is appointed, the District Medical Officer will be Secretary to the Board.

It shall be the duty of the District Sanitary Board to advise Municipal and District Boards in regard to all schemes for Sanitary improvement which may be under the consideration of such Boards. All schemes involving an expenditure of over Rs. 1,000 shall be submitted to the Central Sanitary Board. It shall be the duty of the Central Sanitary Board to consider all such schemes and advise Government as to their desirability. As regards the delegation of additional duties and powers to the Central and District Sanitary Boards and the funds to be administered by them, the Sanitary Commissioner will be requested to submit proposals after consultation with the Municipal and District Boards and the Central and District Sanitary Boards.

(10) The establishment of 3 clerks and two peons costing Rs. 84, sanctioned in Government Order No. 6828-9—Med. 51-05-11, dated 4th February 1907, for the Sanitary Branch of the Senior Surgeon's office and ordered to be placed directly under the Personal Assistant to the Sanitary Commissioner, will be continued and shall work under the Deputy Sanitary Commissioner. The Government are unable to sanction the additional establishment costing from Rs. 399 (minimum) to Rs. 519 (maximum) asked for by the Senior Surgeon and Sanitary Commissioner for his office.

(11) The Senior Surgeon proposes that after the Health Department is organized there should be a Public Health Institute with a Laboratory attached to it. For work in the Laboratory a Laboratory Assistant on Rs. 80 rising to Rs. 120 by biennial increments of Rs. 10 and two attendants on Rs. 8 each are sanctioned.

4. The financial effect of the proposals as shown in the detailed and abstract statements marked A and B appended to this Order, will be a total annual minimum and maximum cost of Rs. 55,740 and Rs. 79,620 respectively, as against Rs. 25,188, the present cost, resulting in an increase of Rs. 30,552 raising to Rs. 54,432. This estimate includes the pay and allowance of the three Health Officers for the Bangalore and Mysore Cities and the Kolar Gold Fields, which have to be borne by the two Municipalities and the Kolar Gold Fields Sanitary Board, respectively, and thus the charge on the General Revenues will be a minimum of Rs. 44,940 and maximum of Rs. 63,420. Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important Cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers from their funds. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before their respective Boards and submit their resolutions for the orders of Government.

5. The additional annual expenditure that would have to be incurred when the scheme is brought fully into operation would be Rs. 38,232, but Government are in hopes that considerable savings could be effected in the plague expenditure and some profits shown from the Vaccine Institute to set off against this additional expenditure. As regards plague charges, the later investigations by the Becteriologists in Bombay would point to the uselessness of maintaining large inspection staffs for plague inspection in the Cities and also on the frontier, and these may perhaps be dispensed with and the cost incurred on them saved.

6. The Senior Surgeon is requested to state how he would propose to group the districts with a view to form the three Sanitary Divisions to be placed under the Divisional Sanitary Officers.

C. S. BALASUNDARAM IYER,
Offg. Secy. to Govt, Gen. & Rev. Depts.

To—The Senior Surgeon and Sanitary Commissioner with the Government of Mysore.

The Comptroller, Mysore Government.

The Chief Engineer in Mysore.

The Revenue Commissioner in Mysore,.

The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.

The Presidents of the City Municipalities of Bangalore and Mysore.

The President, Sanitary Board, Kolar Gold Fields.

Exd.—C. V.

A.—Proposition statement of the Health Department for the Mysore State.

Number	Existing scale (as shown in the proposition statement received from the Senior Surgeon and Sanitary Commissioner)		Proposed scale as per Senior Surgeon and Sanitary Commissioner's statement				Sanctioned scale				Remarks
	Particulars	Cost per mensem	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.			Rs.	Rs.	Rs.			Rs.	Rs.	Rs.	
1	Sanitary Commissioner ...	*Nil*	1	Sanitary Commissioner (*Ex-officio*) ...	*Nil*	*Nil*	*Nil*	1	Sanitary Commissioner (*Ex-officio*) ...	...	...	...	Already sanctioned in Government Proceedings No. 6835-9—Medical 61-05, dated the 4th February 1907.
1	Personal Assistant.	300+100+300—430	1	Deputy Sanitary Commissioner Rs. 500—50—800 +300 ...	500	800	300	1	Deputy Sanitary Commissioner, Rs. 500—50—750 ...	500	750	...	
2	Peons at Rs. 7 each (temporary) ...	14	...	Sanitary Commissioner's Office, Statistical Branch—					Office Establishment—				
	Senior Surgeon's Office Plague Branch (temporary) ...	50	1	Manager, Rs. 75—5—100.	75	100	...	1	Clerk, Rs. 25 ...	25	25	...	
1	Head Clerk ...	50	1	Statistical Clerk, Rs. 50—4—70 ...	50	70	...	1	Clerk, Rs. 25 ...	25	25	...	
1	2nd ,, ...	30	1	Deputy Clerk, Rs. 35—2—45 ...	35	45	...	1	Clerk, Rs. 20 ...	20	20	...	
1	3rd ,, ...	20	1	Clerk, Rs. 20—2—30 ...	20	30	...	1	Clerk, Rs. 20 ...	14	14	...	
1	4th ,, ...	15	...	Correspondence Branch—		60	...	2	Peons at Rs. 7 each ...				
2	Peons ...	15	1	Head Clerk, Rs. 40—4—60 ...	40	35	...						
			1	2nd Clerk, Rs. 25—2—35 ...	25	35	...						
			1	Record-keeper, Rs. 25—5—35 ...	25	10	...						
			1	Attender ...	10	25	...						
			1	Typist ...	20								

			Rs.	Rs.	Rs.				
	1	Clerk ...	15	20	...				
	1	Despatcher ...	15	20	...				
		Menial establishment—							
	1	Dafadar ...	10	10	...				
	6	Peons, 3 at Rs. 8 and 3 at Rs. 7 each ...	45	45	...				
	2	Lascars ...	14	14	...				
		Total ...	399	519	...	Total Rs. 84 ...	84	84	...

A.—Proposition Statement, etc.—*concld.*

No.	Existing scale		No.	Proposed scale				No.	Sanctioned scale				Remarks
	Particulars	Cost per mensem		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.			Rs.	Rs.	Rs.			Rs.	Rs.	Rs.	
				Laboratory Department—					Laboratory Department—				
			1	Laboratory Assistant ...	80	120	20	1	Laboratory Assistant ...	80	120	...	
			2	Attendants at Rs. 8 each.	16	16	...	2	Attendants at Rs. 8 each.	16	16	...	
				Total ...	96	136	20		Total ...	96	136	...	
				Executive—					Executive—				
			3	Divisional Officers Rs. 250—...—400+100.	750	1,200	300	3	Divisional Sanitary Officers Rs. 250—...—400.	750	1,200	...	
			3	Clerks on Rs. 25 each ...	75	75	Nil	3	Clerks on Rs. 25 each ...	75	75	...	
			3	Clerks on Rs. 15 each ...	45	45	Nil	3	Clerks on Rs. 15 each ...	45	45	...	
			9	Peons on Rs. 7 each ...	63	63	Nil	9	Peons on Rs. 7 each ...	63	63	...	
				Total ...	933	1,383	300		Total ...	933	1,383	...	

2 Cir 1b

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G.R.S. 26]

File No. 6-11

Sec Serial No. 6

Gen 1

No. 1560

Saenty 6-11-

95.8.13.

*Diary No. of letter replied to*_____

General and Revenue Secretariat

( )

, the 19 .

Date of issue 5.8.13

Signed by Mrava

To

The Superintendent

Govt. press, Bangalore.

In returning herewith the proof of the Manual of public Health Department in Mysore, has the honor to request that ~~100~~ 25 ~~2~~ Copies of the draft rules, together with statements (I to IX) may be and supplied caused to be printed for circulation among ~~the~~ all the select Heads of Departments and Deputy Commrs of Districts ~~for collecting their opinions~~.

By order

Dues 8/7

for Secretary:

SUBJECT.

8/8/13

178

G. R. S. 26]

File No.

Serial No.

Diary No. of letter replied to

No. 3914 G15 Post
Sanity 6-11-8
925.913.

General and Revenue Secretariat
(Sanitary)
, *the* 191 .

To

The Sanitary Commissioner

Sir,

Date of issue 25.9.13.

Signed by Mr A.V. Ramanathan

With reference to para 2 of Govt. Prov. No 1561-73 dated 6-11-7 5th August 1913, I am directed to forward herewith 15 Copies of the Journal of the Public Health Department in Tagore for distribution to members.

I have &c

for Secretary.

over.

SUBJECT.

25/9/13

(187

List of ammendments approved in the draft Public Health Manual by the Committee appointed in Government Order No. 1561-73 Sany. 6-11-7 dated the 5th August 1913.

---:0:---

Rule 5 to be deleted.

Rule 6 to be modified as under:

" When on tour it will be his duty to enquire carefully into and examine the work done by the District Sanitary Officers, District Sanitary Assistants and Deputy Inspectors of Vaccination and report the result of such enquiries to the Sanitary Commissioner through the Deputy Commissioner. He will also examine the diaries of Sanitary Inspectors and report on the work of these officials to the Deputy Commissioner ". The last sentence in the draft rule may be deleted.

Rule 12 - For " are " read " will be ".

Rule 13 - Omit " part of "

Rule 14 - Add " in other Municipalities whenever necessary the requisite establishment may be entertained by the Deputy Commissioner ".

Rule 16 - For " have to " in the second sentence substitute " will ". The second sentence should be modified thus. " They will advise on the samitary condition of houses, streets, drains, houses to be selected for demolition, the disinfection of wells, the arrangement of health or segregation camps, selection of village sites etc ".

Rule 17 - For " President of the Municipal Board " substitute " Deputy Commissioner " and for " council " occurring at the end of the rule substitute " Municipal Council or District Board concerned ".

Rule 20 - At the end of last sentence add " when a copy

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copy of his communication will be forwarded to the Deputy Commissioner ". Before " matters " in the same sentence insert " urgent ".

Rule 21 - O m i t .

Rule 26 - O m i t .

Rule 29 - For " Overseer " substitute " Work Inspector ".

Rule 34 - For " Village " substitute " Town ".

Rule 55 - To be modified as follows:-

" It shall be the duty of the Patel or the headman of the village as soon as he discovers a case of small-pox, cholera, suspicious diarrhoea, the presence of dead rats, the death of a person after short illness where buboes were present, or the death of person within two or three days from fever even with no buboes, to communicate at once with the nearest Sub Assistant Surgeon or Assistant Surgeon, in addition to the nearest Police Station and the Amildar, and when the Medical Officer arrives to carry out his instructions as far as he can ".

Sanitary Commissioner.

P.H.

Form No. II A.

Diary of ..... Taluk Sanitary Inspector for week ending Saturday the .....

Date	Taluk	Names of Villages visited	Distance from Head Quarters	General Sanitary Condition of the village, as to drainage, cleanliness &c. Defects noticed, measures adopted to remedy them	Births and deaths registers. Whether they are correctly written up by the Patil. Omissions or mistakes observed during the course of checking	Sources & character of water supply to the village. Any public drinking water wells in the village, if so its nature & Sanitation of its surroundings. Measures necessary to improve the same, if necessary.	Health of people. State if small-pox cholera, fever &c prevalent. Remedies adopted	Has Village Sanitation Regulation been introduced. If so Number of persons charge Sheeted during inspection for infringing the Rules
1	2	3	4	5	6	7	8	9

No of houses under construction repairs without license. If license is granted is it in conformity with the terms the license. Any encroachments. No of petitions received into & submitted the Amildar with report and No of cases pending with him.	No of insanitary pits, cess-pools & manure heaps &c in the village or in close proximity to it. Steps taken to remedy the same.	No of dangerous and offensive trades in the village	Progress of works in his charge. Steps taken to Complete them Satisfactorily	Arrears in Unions Steps taken to collect them &c	Remarks on the lighting and the work of the Sanitary Staff in Unions.	Here state any other matters deserving notice
10	11	12	13	14	15	16

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D.O. dated the 20th December 1913. from the Durbar Surgeon & Physician to the Sanitary Commissioner

-:::-

I have very little to suggest about the village Sanitation. The rules laid down are rather ideal if only some one sees that they are carried out.

In section IV. (1) I would make an effort to get rules passed that a policy of laying down pumps in every village should be started. Every village should have at least one well properly made, closed and provided with a pump. This should be a progressive policy ~~to~~ so many according to circumstances being put in each year. In ~~fi~~ fifty years every village could have a protected water supply.

2. I would make the distance for pollution 70 Yds instead of 10.

Section VII.

(a) Is it worth while keeping the word ' reasonable ' Appendix III General rule. Who is to do the boiling The villagers can't. Couldn't a certain number of large boilers be kept in Taluk Head Quarters. to be sent to villages as required to give a supply for a village daily. This would economise fuel too rather than letting each

Letter No. 7083/1007 dated the 5th December 1913 from the Inspector General of Education to the Sanitary Commissioner in Mysore.

-:-:-

With reference to your letter No. 2087-94 dated the 29th November 1913, calling for my remarks on the draft Public Health Manual, I have the honor to suggest that the following may be added at the end of para 46:-

" Every Medical Officer should also note the results of his examination of school children in a register specially kept for the purpose at the school ".

The other portions may stand as they are, though it may not be possible to give effect to some of the rules for some years to come.

" Copy "

Sanitary Commissioner.

P.H.

(187)

Letter No. 10187 dated the 2nd December 1913 from the Chief Engineer in Mysore to the Sanitary Commr.

-+++-

With reference to your letter~~s~~ noted on the margin regarding the draft Sanitary Manual referred to in Government Order No.

No. 1357-68 dated the 26th Sept. 1913.
No. C. 111-22 dated the 13th Oct. 1913

1561-73/6-11-7

dated the 5th August 1913, I have the honor to inform you that I have read over the rules and they seem to be suitable. Bound books will have to be maintained for record of Births and Deaths and also for vaccination register and inspection book.

" Copy "

D. Subramaniam

Sanitary Commissioner.

P.H.

(188

D.O. No. 280 dated the 11th December 1913 from
the Revenue Commissioner to Sanitary Commissioner in Myso

-:::-

With reference to your D.O. No. C. 111-22 dated the

13th October 1913, I have no further suggestions to offer.

" Copy "

Sanitary Commissioner.

P.H.

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D.O. No. C. 57 dated the 4th November 1913 from the Deputy Commissioner, Kadur District to the Sanitary Commissioner in Mysore.

-:::-

As desired in your C. No. 111-22 dated the 13th Ultimo, I have gone through that portion of the draft Manual of the Public Health Department which was not read in the meeting convened on the 9th Idem and am of opinion that the Rules therein laid down may be adopted.

" Copy "

Sanitary Commissioner.

P.H.

191

Letter No. R. 2781 dated the 22nd October 1913 from the Deputy Commissioner, Bangalore District to the Sanitary Commissioner in Mysore.

-+++-

With reference to your D.O. No. C. 111-22 dated the 13th October 1913, I have the honor to state that on going through the portions of the draft Manual of the Public Health Department, which was not read in the meeting convened at Mysore on the 9th October 1913, I find that no additions or alterations are needed. As regards vaccination, I beg to suggest that the work of Vaccinator in the Taluks may be subjected to the control of Amildars

" Copy "

Sanitary Commissioner.

P.H.

17th October 1918.

Suggestions of the Deputy Commissioner, Tumkur District with regard to the draft Public Health Manual.

Section.	For or After.	Substitute, add or delate.
4.	After the word " Commissioner " in the last line	Add " and the Deputy Commissioner concerned ".
5.		D e l a t e .
6.	(1) For " include in his reports " in the 4th line.	Substitute " report to the Sanitary Commissioner through the Deputy Commissioner"
	(2) After the word " officials " in the 6th line.	Add "to the Deputy Commissioner".
	(3) Last sentence.	O m i t .
13.	After the 13th section.	Insert the rules relating to the Health Officer, Kolar Gold Fields.
14.	After the 14th section	Add " In regard to other Municipalities, whenever necessary the requisite establishment may be entertained by the Deputy Commissioner subject to the approval of Government ".
16.	Instead of " have to " in the 3rd line.	Substitute " will " .
17.	After " houses " in the 4th line.	Insert " streets, drains etc ".
	In the 3rd line before the word " selected ".	Insert " houses to be ".
	After " selection " 6th line	Add "and laying out" before "of".
17. (1)	For the President of the Municipal Board ~~of~~ Council, in the section.	Substitute " Deputy Commissioner "
(2)	For the word 'council' in the last line.	Substitute 'Municipal Council or District Board concerned'.
20. (1)	After the word " in " in line 7.	Add " urgent " .
(2)	and after " matters which are purely techinical and professional ".	Add " when a copy will be sent to the Deputy Commissioner ".
21.		D e l e t e .
23.	Instead of the term " Dist. Medl. & Sany. Officer ".	Substitute " Dist. Sany. Officer "
	After " officer " in line 7.	Add "and the Deputy Commissioner".

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24.	After 24 new section.	It shall be the duty of Dist. Sany. Asst. to see that in every village the Birth register is properly maintained and that all newly born children are vaccinated.
26.	Para 1.	D e l e t e .
	para 3 instead of " shall ".	Substitute " may " .
27.	After the 1st sentence.	Add " where a bicycle is maintained an allowance of Rs. 5/- shall be paid; and the Sanitary Inspectors in Municipalities will not be paid the higher allowance ".
28.	After 28 new section.	All communications betweem the Amildars and the Dist. Sany. Officer should be through the Deputy Commissioner except when the Amildar forwards the " Sany. Inspectors' diaries "
30	Add to the duties of Sany. Inspector.	(1) The correct recording of vital statistics in towns and villages. (2) The disposal of applications for vacant sites and for house-building on sanitary principles. He shall be responsible for such grants and constructions.
32.	After 32 new section.	The Vaccinator may be directed to meet the Amildar every month and seek his instructions or to accompany him during his monthly tours or during Jamabandy if he be required to do so. The programme of his work will be adjusted accordingly and the fact duly reported by the Vaccinator to the Dist. Sany. Asst. through the Amildar.
34.	For " village ".	Insert " town ".
	After section 34. New section.	Insert (1) A monthly vaccination statement should be sent up by the Dist. Sany. Asst. for the information of the Taluk Board concerned.
		(2) The Vaccinator should be required to note against the entries in the Birth-Register the fact of his having vaccinated those children and the date on which he did so, under his initials
	After section 53. New section.	Camping grounds should be selected by the Dist. Sany. Officer in consultation with the Deputy Commissioner for use during the prevalence of Plague in Towns or villages and the people should be prohibited from camping on other grounds. The plan of the camp and the construction of huts or sheds etc., should be suggested by the Dist. Sany. Officer, if desired. While the construction of sheds not in accordance with the rules suggested by the Dist. Sany. Officer and approved by the Dy.

Deputy Commissioner should be made penal, the construction of sheds in the allotted place should be encourage by the grant of shed materials etc by the Municipal or District Funds aided by the Plague Funds as far as possible either free of cost or for cost price at the discretion of the local authority.

55 & 56. The present practice of sending report to the Amildars appears to be working satisfactorily and therefore the section may be omitted, and the following inserted:

" It shall be the duty of the Patel with the aid of the Police if necessary to take all precautionary measures such as evacuation and segregation until the superior authorities appear on the spot."

57 & 59. For the portion which relates to the providing of clean rooms

This is unworkable. " Chavadies ~~shall~~ will be kept clean at Government cost, (from Plague Funds) for the purpose; and it shall be the duty of the Patel to see that the Chavadi is kept clean when once it is cleaned once a year at the cost of Government"may be substituted.

60. Add new section.

Where the Patel is illiterate it shall be the duty of the Shanbogue to do the writing work for him and be held responsible for the correctness and accuracy of such writing.

From I. (a) The headings to be numbered.

(b) These details are to be inserted in the form in addition, between columns 7 & 9.

(1) Number of children unprotected at the date of last visit.
(2) Number of Births surviving since last visit.
(3) Total number of children vaccinated since last visit.
(4) Number of unprotected children.

(c) Delete Col. 9 "and state "the number vaccinated since last visit" in Column 9.

(d) Col. 6 may come after 16 and column 5, last.

(e) Space to be provided for the remarks of the Dy. Comr or to note the fact of having issued the needful orders to the officers concerned.

From II. This is suited for Sanitary or Assistant Sanitary Inspectors in towns

towns only. A separate form for Sanitary Inspectors for rural areas has to be inserted. It should contain the following items in particular:-

(1) Date of inspection.
(2) Name of village or villages.
(3) Distance travelled on that date.
(4) Distance from Head Quarters.
(5) Date of last visit.
(6) Population of village or villages in order.
(7) State of health in the village or villages.
(8) Number of Births and Deaths.
(9) Number of unprotected children at the date of last visit.
(10) Number of vaccinated and small-poxed.
(11) State of health in village or villages.
(12) Deaths from various causes such as Plague, Cholera, Small-pox &
(13) The state of sanitation.
(14) The state of water-supply.
(15) The number of manure pits either in the village site or on the way side leading to the village got filled.
(16) Was lantana, prickly pear or other noxious vegetation weeded out, from the village site, if so what is the approximate area of the site thus cleared?
(17) Was it done at Government cost or by villagers?
(18) The number of sanitary works in progress.
(19) Progress made since last visit.
(20) Number of house building or vacant site disposal off.
(21) Were any encroachments to roads and Government land noticed?
(22) Were any insanitary dwellings noted and any action taken with regard to them?
(23) Were the Birth and Death Register and the inspection Book examined and notes recorded therein? Any defects noted during the inspection, how far remedied since.
(24) Were any places set apart for storing manure?
(25) Any violations against Village Sanitation Rules noticed and brought to the notice of higher authorities and the result of such action taken, and an abstract for the work may be noted at the foot of the diary as follows:
    (1) The number of days camped out.
    (2) The number of villages visited.
    (3) The number of times which any village was visited.
    (4) Longest distance travelled from Head Quarters each day.
    (5) Shortest distance travelled from Head Quarters each day.
    (6) The number of darkhasts disposed off.
    (7) The number of cases ~~otherwise disposed off~~. ~~for which~~ prosecutions under Village Sanitation Rules were launched
    (8) Number of cases otherwise disposed of.

Form III. Columns 6, 7 and 8 appear to be unnecessary.

Form IV. Columns 4 and 5 appear to be unnecessary and instead may be inserted " whether the Sanitary Inspector and Vaccinator had visited the place and if so the dates of their last visit and whether they have remarked in the Visitor's Book ".

" Copy "

Sanitary Commissioner.

P.H.

G. R. S. 26] 7/8

File No. 6-11
Serial No. 10

Diary No. of letter replied to 6501

General and Revenue Secretariat
(Sanitary)
, *the* 191 .

No. 1512
Sanity 6-11-
7.8.14

To

The Sanitary Commissioner

Date of issue 7.8.14.

Signed by G. Srinivasaraya

Sir,

With reference to your letter No. 4754 dated the 6th May 1914, I am directed to request you to be so good as to favor Govt. with your opinion as to the suitability of the several suggestions made by the Committee and by individual officers for the amendment of the draft manual of

over.

SUBJECT.

Adm 7/8/14 Sdf 7/8/14

1917

The public Health Department

its appendices.

I have the

from U.S. Secretary

Dated 7/8

B.E.S.

List of enclosures

Copied by

Examined by

GPO—25,000—4-5-13

Department of Public Health in Mysore.

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E 3377

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE,

Bangalore, dated the 16/21 November 1914.

No. 2378
ENC. 4

7. W. 6-11-11

From

T.V. Arumugum Mudr., Esq., R.B.,
Sanitary Commissioner with
the Government of His Highness the
Maharajah of Mysore, BANGALORE.

To

D.M. Narasinga Rao Esq., B.A., B.L.,
Secretary to the Government of His
Highness the Maharajah of Mysore,
General & Revenue Departments,
BANGALORE.

Sir,

With reference to your letter No. 1512 Sany. 6-11 dated the 7th August 1914, I have the honor to forward herewith a memorandum embodying my opinion as to the suitability of the several suggestions made by the Committee and by individual officers for the amendments of the draft Manual of the Public Health Department.

2. In view of the fact that the work in the Department is being gradually developed, it is not possible to expect any finality as regards the provisions contained in the Manual. At present the Manual is intended to serve merely as a nucleus around which subsequent additions may gather. It may therefore be approved by Government, and issued subject to necessary additions (and alterations if any,) being made from time to time.

I have the honor to be,
S i r ,
Your most obedient servant,

T.V. Arumugum

P.U. Sanitary Commissioner.

Department of Public Health in Mysore

From

THE SANITARY COMMISSIONER
IN MYSORE, BANGALORE.

To

THE SECRETARY TO GOVT.,
GEN. & REV. DEPTTS,
BANGALORE.

Dated 16

Despatched 21st November 1914

Received

General No. 2378
No.

Enclosure No. 4 ( )

SUBJECT.

— forwarding a memorandum embodying the
views of Commissioner on the proposals made
by the Committee and
by individual officers
for amending the
Draft Public Health
Manual

Remarks as to the suitability of the several suggestions made by the Committee and by individual officers for the ammendment of the draft manual of the Public Health Department in Mysore.

-----:0:-----

Rule 5. - " On all important matters, he (the Deputy Sanitary Commissioner) will correspond with other officers through the Sanitary Commissioner. This does not preclude him from demi-official correspondence whereby routine work may be expedited."

Recommendation. - Delete.

Remarks - The rule may stand as it is. The Deputy Sanitary Commissioner has no office separate from that of the Sanitary Commissioner and the occasions on which he has to correspond with other offices in his capacity as Deputy Sanitary Commissioner are rare. On such occasions it would be conducive to the interests of the Department that the correspondence is carried on ~~with~~ through the Sanitary Commissioner.

Rule 6. - " When on tour it will be his duty to inquire carefully into and examine the work done by the District Sanitary Officers and District Sanitary Assistants and include in his report the results of such inquiries. He will also examine the diaries of Sanitary Inspectors and report on the work of these officials. His special attention will be directed to vaccination. "

Recommendation . - The rule to be modified as under:

When on tour it will be his duty to inquire carefully into and examine the work done by the District Sanitary Officers, District Sanitary Assts., and Deputy Inspectors of Vaccination and report the results of such inquiries to the Sanitary Commissioner through the Deputy Commissioner. He will also examine the diaries of Sanitary Inspectors and report on the work of these officials to the Deputy Commissioner. " The last sentence in the draft rule may be deleted.

Remarks. - The Deputy Commissioner being the head of the Sanitary Administration in the District the ammendment proposed is desirable and may stand. But, as I have suggested under rule 5 supra, it is necessary that the report ~~embodied~~ embodying the result of the

(20

the enquiries should pass through the Sanitary Commissioner. The last sentence which the Committee proposes to omit has special reference to the functions of the Deputy Sanitary Commissioner in his capacity as Inspector of Vaccination. The sentence may therefore stand modified as follows:

" In his capacity as Inspector of Vaccination, the Deputy Sanitary Commissioner will devote special attention to vaccination, examining and reporting upon the efficiency of the vaccination staff, executive as well as supervisory, the arrangement for determining the number of unprotected children & generally, in case of the backwardness of vaccination in the areas he inspects, the factors that contribute towards it. He will also verify the work of vaccinators, as far as possible ".

Rule 9 - / These officers (Health Officers, will be in sole charge, under the President, of the Sanitary staff and equipment of their respective charges ".

Recommendation (by Deputy Commissioner, Kolar District):

The rule may be deleted, as it is likely to cause some confusion and interference between the Health Officer and Vice President.

Remarks - The rule applies only to the Health Officers of Bangalore and Mysore Cities who are Vice Presidents in their respective areas for all matters relating to health. It may also be applied <u>mutatis mutandis</u> to Kolar Gold Fields though the Health Officer is not the Vice President of the Sanitary Board.

After Rule 13 -

Recommendation by the Committee - Include

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Include also the duties of the Health Officer, Kolar Gold Fields.

Remarks - I am not aware that there are any special rules laid down for the guidance of the Health Officer, Kolar Gold Fields. With the exception of rule 7 the context whereon limits its application to the Bangalore and Mysore Cities, the entire set of rules under " Health Officers " is applicable to Kolar Gold Fields as well.

Rule 14 -

Recommendation - Add a new paragraph as follows :

In regard to other Municipalities, whenever necessary, the requisite establishment may be entertained by the Deputy Commissioner subject to the approval of Government.

Remarks - The addition is desirable and may be passed.

Rules 16, 17 and 20 -

Remarks - The slight modifications proposed at the meeting in regard to each of the above rules may be adopted.

Rule 21 - " The District Sanitary Officer will exercise control over the District vaccination officials and the Sanitary Inspectors. Sanitary Inspectors paid from Municipal funds will, however, be under the immediate orders of the Municipal Boards in all save technical and scientific matters. The District Sanitary Officer may transfer Vaccinators in the district from one place to another, notifying such changes of station to the Deputy Commissioner and the Sanitary Commissioner ".

Recommendation - Delete.

Remarks - The important question of the organisation of the work of Sanitary Inspectors in Taluks and Municipalities is involved in this rule. As the efficiency of the sanitary service in taluks depends ultimately on the nature of work entrusted to these officials,

(20)

officials, the question is bound to press for solution sooner or later; and it would be well to take it up at once. At the same time it must be admitted that the position of the self-governing bodies in relation to ~~its~~ subordinates has to be given a prominent place in any arrangement made for securing efficiency in the Department. For the present I would only propose an extension of the principle indicated in rule 6 of the Manual in regard to the scrutiny of the work of Sanitary Inspectors and recast rule 21 accordingly as follows:-

" It will be the duty of the District Sanitary Officer to lose no opportunity of examining the work of Sanitary Inspectors, whether employed in a Municipality or taluk, and report thereon to the Deputy Commissioner and President of the District and Municipal Boards ".

The rest of the rule may go as a separate paragraph as under:-

" The District Sanitary Officer will exercise control over the District vaccination officials and may transfer vaccinators from one place to another, notifying such changes of station to the Deputy Commissioner and the Sanitary Commissioner."

After rule 21 -

Remarks - Recent experience has suggested the desirability of adding to the list of duties given in the manual a few departmental rules relating to the work of District Sanitary Officers. These formed the subject of departmental circulars issued during the current

current calendar year and are summarised in Appendix A attached. The rules may be inserted seriatim after para 21 of the Manual.

After Rule 24 -

Recommendation - Add new section as follows:

It will be the duty of the District Sanitary Assistant to see that in every village the birth register is properly maintained and that all newly born children are vaccinated. (Deputy Commissioner, Tumkur District).

Remarks - The District Sanitary Assistant has no control of any kind over the Patel of the village. All that he can do is to verify by personal enquiry on the spot the entries in the birth and death register and report omissions or inaccuracies to the District Sanitary Officer. The proposed new section is therefore not necessary.

Rule 26 - Under Government Order No. 9301-19/M1. 67-03 dated the 8th April 1905, the following localities will, as far as possible, be provided with a Sanitary Inspector or Asst. Sanitary Inspector as indicated etc.

Recommendation - Delete.

Remarks - The object of deleting the section is not evident. It is necessary that the standing orders of Government describing the scale of Sanitary and Assistant Sanitary Inspectors to be employed by Municipalities and Taluk Boards should find a place in the Manual.

Rule 26 - sub para 3 - " In every other Municipal Town with a population of over 5000 there shall ordinarily be (a) a Sanitary Inspr. and (b) an Assistant Sanitary Inspector ".

Recommendation - Instead of " shall " substitute " may " (Deputy Commr., Tumkur).

Remarks - The permissive sense suggested is not desirable. The discretion to allow

allow deviations from the rule in individual cases should rest with the Government.

Rule 27 - Every Sanitary or Assistant Sanitary Inspector should maintain a pony or, in the case of Municipality, a bicycle.

Recommendation - Where a bicycle is maintained an allowance of Rs. 5/- shall be paid; and the Sanitary Inspector in Municipalities will not be paid the higher allowance. (Deputy Commr., Tumkur)

Remarks - The lower allowance recommended is not covered by any Government Order. The matter is one of detail and may be omitted.

Rule 27 - (Continued) He should keep a diary which, in the case of Municipalities, should be sent daily or twice a week to the Vice-President who will scrutinise it and forward it with his remarks to the District Sanitary Officers. In the case of Taluk Boards the diary shall be sent to the Amildar of the Taluk who will deal with it in the manner prescribed for Vice Presidents of Municipalities

Recommendation - It would be well to insist on daily diaries, copyes of such diaries being also sent to the President. For this purpose, the following alteration may be made:-

In the last line, after the word " officer " add " he shall also send a copy of the diary to the President ". It would be sufficient if weekly diaries are received from the Sanitary Inspectors in the case of Taluk Boards, and for this purpose the words " every week " may be inserted after the word " taluk " to the first line in page 7. (Deputy Commr., Kolar).

Remarks :- The ammendments proposed by the Deputy Commissioner may be adopted.

After Rule 28 -

Recommendation - Add a new section: All communications between the Amildar and Dist. Sanitary Officers should be through the Deputy Commissioner except when the Amildar forwards the Sanitary Inspector's diary.

Remarks - The precise form this ruling should take will depend upon the orders Government may pass in regard to the proposal submitted for appointing the District Sanitary Officer as Assistant to the Deputy Commissioner in the Sanitary Department and Secretary in

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in that Department to the President of the District and Municipal Boards. The proposed additional rule may therefore be deferred for consideration later on. In the meantime the Government Order directing that no mandatory requests be issued by the District Sanitary Officer to Amildars will sufficiently indicate the correct procedure to be followed.

As suggested by the Deputy Commissioner, Chitaldrug, the term " Vice President " or " President " may be substituted for " chairman " occurring in Rule 28.

Rule 30 - It will be an important part of the Sanitary Inspector's duty when visiting villages, to see that the Village Sanitation Rules are properly enforced and observed. He should, as far as possible, inspect all new houses being erected or the re-building of old houses and other sanitary works undertaken in any village and see that the sanitary agency exercise the powers vested in them under the Village Sanitation Rules properly and with due regard to the sanitation of the village.

Recommendation - Add to the duties of Sanitary Inspectors: (1) the correct recording of vital statistics in towns and villages and (2) the disposal of applications for vacant sites and for house-building on sanitary principles. He shall be responsible for such grants and constructions. (Deputy Commr., Tumkur District).

Remarks) The points referred to in (2) of the recommendation are covered by the wording of Rule 30 - that it will be an important part of the Sanitary Inspector's duty to see that the Village Sanitation Rules are properly enforced and observed. The rule is defective in that it makes no reference to similar responsibilities of the Sanitary Inspector in places where Regulations other than the Village Sanitation Regulation are in force.

As regards (1) It is most important that the Sanitary Inspector should be responsible

responsible not only for the frequent verification of the birth and death registers but also for the accurate compilation of the monthly returns of vital statistics. This matter is before Government pending orders. For the present, the following addition to the rule may be made:-

" The Sanitary Inspector employed in a Municipality should similarly see that the health clauses of the Municipal or other regulation in force in the area are properly enforced and observed.

" It will also be a Sanitary Inspector's duty to verify as frequently as possible by personal enquiry the entries in the birth and death registers and to satisfy himself that vital occurrences within the limits of the Municipality in which he is employed or, in the case of Taluk Boards, in the village he inspects, are correctly recorded ".

Rule 32 -

Recommendation - " The Vaccinator may be directed to meet the Amildar every month and seek his instructions or to accompany him during his monthly tours or during Jamabundi if he be required to do so. The programme of his work will be adjusted accordingly and the fact duly reported by the Vaccinator to the District Sanitary Assistant through the Amildar (Deputy Commissioner, Tumkur District).

" I beg to suggest that the work of vaccinators in the taluks may be subjected to the control of Amildars " (Deputy Commr., Bangalore District)

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Regulation.

Rule 45 - When the Sanitary Commissioner, his Deputy or the District Sanitary Officer visits a place and finds conditions that require immediate attention, the sanitary staff should, if he requires, be placed at the disposal of such visiting officer to enable him to have things put right without delay and thus demonstrate practically what is required to be done.

Recommendation - I think this to be a very useful provision and would suggest this being largely applied to inspection reports and diaries of the District Sanitary Officer or his Assistant.

At present the diaries of the District Sanitary Assistant describe the remedial measures which could have been adopted by him on the spot. (Deputy Commr., Chitaldrug).

Remarks - I agree as to the desirability of applying this rule more frequently and more generally than at present. But I doubt whether the sanitary staff will be placed at the disposal of a District Sanitary Assistant if he requires it, unless, of course, the request for so placing the staff at his disposal comes from the District Sanitary Officer or the Deputy Commissioner issues the necessary orders to the local authorities in each case.

Rule 46 -

Recommendation - The following may be added at the end of para 46:-

" Every Medical Officer should also note the results of his Examination of school children in a register specially kept for the purpose of the school. (Inspector General of Education in Mysore).

Rule 53 -

Recommendation - Add a new section -

" Camping grounds should be selected by the District Sanitary Officer in consultation with the Deputy Commissioner for use during the prevalence of plague in towns and villages and the people should be prevented from camping on other grounds. The plan of the camp and the construction of huts or sheds etc should be suggested by the District Sanitary Officer if desired. While the construction of sheds not in accordance with the rules suggested by the District Sanitary Officer and approved by the Deputy Commissioner should be made penal, the

(210

follows:-

" It shall be the duty of the Patel or the headman of the village as soon as he discovers a case of small-pox, Cholera, suspicious diarrhoea, the presence of dead rats, the death of a person after short illness where buboes were present, or the death of a person within two or three days from fever even with no buboes, to communicate at once with the nearest Sub Assistant Surgeon or Assistant Surgeon, in addition to the nearest Police Station and the Amildar and when the Medical Officer arrives to carry out his instructions as far as he can ".

Rules 57 and 59 - For the portion which relate to the providing of clean rooms.

Recommendation - Unworkable. Chavadi will be kept clean at Government cost (from plague funds) for the purpose; and it shall be the duty of the patel to see that the chava is kept clean when once it is cleaned once a year at the cost of Government. (Deputy Commr., Tumkur)

Remarks - It would be discouraging local intiative even in such a small matter as keeping the village chavadi tidy. Besides, it is not clear how the cost of the annual cleaning up of the chavadi can be debited to plague funds.

After Rule 59 -

Recommendation - Add new section:- Where the Patel is illiterate it shall be the duty of the Shanbogue to do the writing work for him and be held responsible for the correctness and accuracy of such writing (Deputy Commr., Tumkur)

Remarks - May be approved.

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II Forms.

Form I - The chief alterations needed in this form are those relating to the work actually done by the Inspecting Officer in respect of (1) ascertaining the number of unprotected children in the area (2) verification of the vaccinated cases returned for the area (3) arrangements made for the vaccination of the children yet to be vaccinated and (4) the result of the verification, as far as possible, of the entries in the births and deaths register. A revised form is submitted for approval.

Form II - The words " Taluks or " in the heading may be omitted as the diary pertains purely to Municipal Towns. As suggested by the Deputy Commissioner, Kolar District, the following heading may be prescribed as item No. 22 in the diary. " Progress of works in the town under his charge. Steps taken to complete them satisfactorily.

The term " Chairman " used in the form may be omitted, " President " or " Vice-President " being substituted for it.

A separate form for the use of Sanitary Inspectors employed under Taluk Boards is submitted.

Form IV - The last para under " subjects to be reported upon " may be omitted as no village sanitation inspection book has been prescribed or is in use.

III Appendices.

Appendix (ii) section 4 - Col. Foulkes recommends that a policy of laying down pumps in every village should be started. A scheme which

Department of Public Health in Mysore.

Sany 6-11-8 12 (213)

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

D 4740

Bangalore, dated the 27th *January* 1915.

No. 3438
Enc. 2.

From

Rao Bahadur T. V. ARUMUGAM MUDALIAR. Esq., M.B.C.M.,
Sanitary Commissioner with the Government of
H. H. the Maharaja of Mysore, ***BANGALORE***

To

D.M. Narasinga Rao Esq., B.A., B.L.,
Secretary to the Government of
H. H. the Maharaja of Mysore, Genl. and Rev. Deptts.,
BANGALORE

D 5477
Sany 6.11.11.

Sir,

In continuation of my letter No. 2378 dated the 21st November 1914, I have the honor to forward herewith the appendices referred to in the note submitted therewith.

I have the honor to be,

S i r ,

Your most obedient servant,

V Arumugam

Sanitary Commissioner.

P.H.

Department of Public Health in Mysore

From

THE SANITARY COMMISSIONER
IN MYSORE, BANGALORE.

To

THE SECRETARY TO GOV...,
GEN. & REV. DEPTTS.
BANGALORE

Dated 27 JAN 1915

Despatched

Received

General No. 3438

No.

Enclosure No. 2

SUBJECT.

Submitting appendix to the memd. on the Public Health manual

Sanyb-11-SC12 (214)

ADDENDA UNDER " DISTRICT SANITARY OFFICERS ".

-----:0:-----

It shall be the duty of the District Sanitary Officer to personally verify as many vaccinated cases as possible in the area he inspects, with reference to the returns submitted by the Vaccinator. The results of such verification will be noted in the weekly diaries of the District Sanitary Officer, full particulars being given as to the number of cases verified, the percentage it bears to the total number reported to have been vaccinated, the number of cases found successful with percentage to total cases inspected and any discrepancies detected in the returns as revealed by the actual inspection on the spot. At the end of the year a statement showing the results of verifications during the year should be submitted to the Sanitary Commissioner along with the annual Vaccination Report for the District. The vaccination work of the medical subordinates in urban areas including the " Vaccination state " register maintained in each Dispensary should also be similarly scrutinised whenever possible.

2. The District Sanitary Officer shall, on receipt of news of the outbreak of an epidemic disease, forthwith proceed to the affected area and personally adopt, or supervise the adoption of, such preventive measures as may be necessary, himself remaining in a central place in the affected area for a reasonable number of days. Should the District Sanitary Officer happen to be at Head Quarters when intimation of the outbreak of the

the epidemic is received and can conveniently interview the Deputy Commissioner, he shall do so and obtain orders as to the precise course of action as well as in regard to the facilities that he may require for successfully combating the epidemic. In case a personal interview is not possible he shall submit a report in writing and obtain the orders of the Deputy Commissioner and President of the District and Municipal Boards. But he shall on no account postpone proceeding to the places reported to be infected.

3. In connection with the above, it is hardly necessary to enumerate the items of work that ought to claim the attention of the District Sanitary Officer, but the following are among the most important:-

In case of an epidemic of plague, inoculation; providing facilities for camping out; selection of camping grounds; supervising the alignment of huts; medical aid to patients; and disinfection.

In case of Cholera - determination of infected sources of water supply; hankinisation; providing temporary wells, and medical aid.

In case of Small-pox - concentration of vaccination work in the affected area.

4. On arrival at the place, the District Sanitary Officer shall submit a daily report of the progress of the measures being adopted by him, to the Deputy Commissioners as well as to the Sanitary Commissioner.

5. In the matter of selection of sites for villages, the District Sanitary Officer is expected to so arrange his tours as to attend to this work not as a duty by itself but, if possible, in conjunction with other work. The occasions on which he is

(24

is required to furnish his opinion in the matter of selection of sites, are detailed in Government Order No. 6623-34 Sany. 94-12-7 dated the 1st March 1913.

6. The District Sanitary Officer will avail himself of the occasions of jatras to deliver popular lectures on communal, domestic and personal hygiene, including the subject of epidemic diseases, whenever he can conveniently do so without prejudice to more important work in the District.

7. In the following paragraphs the nature of work to be done by a District Sanitary Officer, in respect of the villages in the area in his charge, is outlined.

8. The District Sanitary Officer on inspecting a village shall first of all endeavour to find out how far the rules prescribed by Government under the Village Sanitation Regulation.I of 1898, to regulate the conservancy, to provide for protection of the water supply and in other respects to improve the sanitation of the village are in progress, and shall submit in as concise a form as possible for the information and orders of the Deputy Commissioner, a list of defects that have come to notice during his inspection, in regard to which immediate practical action is possible or desirable under the Village Sanitation Regulation.

9. He shall inspect the birth and death register and satisfy himself by personal enquiry on the spot of the accuracy of the entries therein. In case he finds that ~~a number of~~ any births or deaths are omitted he shall cause the omission to be supplied and shall at the same time furnish a correction slip to the Amildar of the Taluk as well as to the Deputy

(217)

Deputy Commissioner's Office. He should invariably note whether the rule prescribed in clause III of the Chief Commissioner's Notification No. 272 dated the 13th February 1879, regarding the retention of the birth and death register in the Village is strictly followed.

10. Where Village Improvement Committee have been formed the District Sanitary Officer shall endeavour to get into touch with their work and help their deliberations with his suggestions and advice. He shall also, wherever possible, avail himself of the influence of the Improvement Committees to address the villagers, either of one village or of a group of villages, on matters relating to the prevention of epidemics and the improvement of rural sanitation.

11. One of the most important duties of the District Sanitary Officer is to ascertain from available statistics and by local enquiry the precise health condition of a town or village and in case of a marked prevalence of particular diseases in any village to determine, as far as possible, the causes that underlie it. The facts gathered should be systematically noted in a register kept for the purpose, so that in course of time useful data may accumulate on which proposals for the Sanitary requirements of particular areas in the District might be based.

12. In all his dealings with the local authorities, the District Sanitary Officer will bear in mind that apart from stimulating local initiative by persuasion his duties are purely of an advisory character and that all orders to the Executive should emanate from the

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the head of the Sanitary Administration in the District viz. the Deputy Commissioner and President of the District & Municipal Boards.

Sanitary Commissioner.

P.H.

Sany 6-11-SC 12/219

Diary of Sanitary or Assistant Sanitary Inspector of

.....Taluk.....191 .

-----:O:-----

1. Name of Hobli and village
   v i s i t e d .

2. Condition of the Birth and
   Death Register.

   Note omissions if any in the
   entries. Are the vital
   occurrences recorded without
   delay? Comment on as to
   whether the causes of death
   are reasonably accurately
   recorded.

3. Report on (1) whether the
   Birth and Death Register is
   retained among the permanent
   records of the village (2)
   whether monthly returns are
   punctually despatched to the
   Taluk Office and (3) any other
   point which acts prejudicially
   in respect of either the
   correct recording of vital
   statistics in the village or
   the monthly despatch of the
   figures to the Taluk Office.

4. ~~State as briefly as you can~~

4. State as briefly as you can the health condition of the village so far as could be ascertained from available statistics and personal enquiry on the spot. Give figures for a period of 5 years under deaths from Cholera, Plague, Small-pox and Fevers to substantiate your statement.

5. Remediable defects noticed in house construction generally and in the conservancy of the village.

6. Houses newly built or old houses rebuilt and whether they conform to the conditions laid down in the village Sany. Rules as to drainage, ventilation and privy arrangements.

7. Houses or portion of houses which are in a dilapidated and dangerous condition; steps taken to dismantle them and to have the walls levelled to the ground.

8. Steps taken to prevent houses, buildings or lands within the boundary of the the village from being in filthy or insanitary state or overgrown with weeds or noxious vegetation.

9. Any unauthorised excavations within the boundary of the village. Any cess-pits and privy pits near a well or other source of water supply. Any cess-pits and privy-pits kept in a condition such as to particularly endanger the health of the village.

10. State if a place has been set apart for storing manure outside the village and whether arrangements exist for depositing filth, rubbish or other impure matter in suitable places or receptacles and for removing the rubish daily or periodically t a place set apart outside the boundary of the village. Any houses wherein the place where cattle are picketted is offensively filthy.

11. The number of dangerous and offensive traders in the village.

12. Source of water supply, the adequacy of the supply and factors if any that tend to the contamination of the drinking water.

13. Any sanitary defects in respect of (1) burial and burning grounds & (the disposal of dead bodies.

14. Any epidemics prevalent and the measures adopted.

15. Notices prepared for defaults under the Village Sanitation Regulation or the Local Board Regulation.

16. Charge sheets prepared for breaches of the Village Sanitary Rules.

17. Number of petitions enquired into and submitted with notes to the office.

18. If a Village Improvement Committee exists, what measures pertaining to the sanitation of the village are being inaugurated by it? State progress, if any: and summarise the action taken to get into touch with the work of the Committee and result.

19. General Remarks.

20. Such other matters as ought to be brought to the notice of the President or Vice President.

Station.....

Date.....

D. V. Chinnaswamy
Sanitary Inspector,

Sanitary Inspector,

.....Tp

225

Sany 6-11-81-12

Form No. II A.

Diary of Sanitary or Assistant Sanitary Inspector

.....Taluk.

For.....191

Date of submission

When received by the
President or Vice President.

When returned to the Sanitary
Inspector for explanation or
for further action.

When received back.

President or Vice President
Orders.

(224

G. R. S. 26]

GEN. & REV. SECRETARIAT
TYPING Sec.
12 APR 1917

S 51-16

File No. 6-11

Serial No. 13

Diary No. of letter replied to 3577

Cer. on file

6664

No. Sani 6-11-S13.

17.6.17.

General and Revenue Secretariat
(Sanitary)
, *the* 191 .

To

The Sanitary Commissioner

Sir,

Date of issue: 17.6.17

Signed by: Mr B. Subba Rao

I am directed to forward herewith for favour of revision and return with any such up to date alterations the draft Manual of public Health Dept in Mysore.

I have the

163

for Secretary to Govt.

Genl Dept

SUBJECT.

List of enclosures

Copied by

Examined by

G1'B—20,000—10-10-1

17773

Department of Public Health in Mysore.

25

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

REV. SECT
21 FEB 1921

Bangalore, dated the 16/2/1921.

No. C527-4.
Enc. 1. Files of Revised Draft of Public Health Manual.
1 Original Draft Manual

Say 6 of 1911-12
Ll 14.

54987

From

A. K. PANI, Esq., D.P.H., etc.,
Offg. Sanitary Commissioner with the Government of
H.H. the Maharaja of Mysore, BANGALORE.

To

B. Ramasawmaiya, Esq., B.A.,B.L.,
Secretary to the Government of Mysore,
Revenue Department, B a n g a l o r e.

Sir,

In continuation of my D, O. No. C.527-3 dated the 6th Ultimo, I have the honor to submit herewith the revised draft of the Public Health Manual, for the approval of Government.

I have the honor to be,
Sir,
Your most obedient servant.

A.K. Pani

Offg. Sanitary Commissioner.

From

The Sanitary Commissioner
in Mysore,
Bangalore,

To

The Rev. Secretary to
Government of Mysore,
Bangalore.

Dated 16 · 2 ·

Despatched

Received

General No. C527-4
No.

Enclosure No. 1 file of Reviser of Public Health manual

Submitting revised draft of the Public Health Mannual.

...URY No....22958

Department of Public Health in Mysore.

Law 6-11
H 15

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE,

Bangalore, dated the 25 May 192 1.

No. C527-5
Enc.

From

A. K. PANI, ESQ., D.P.H., etc.,
Offg. Sanitary Commissioner with the Government of
H.H. the Maharaja of Mysore, BANGALORE.

To

B. Ramasawmaiya, Esq., B.A.,B.L.,
Secretary to the Government of Mysore,
Revenue Department, Bangalore.

Sir,

In continuation of my letter No. C.527-4 dated the 16th February 1921 submitting the draft manual of the Public Health Department, I have the honor to request that you will be so good as to obtain the sanction of Government to the payment of an honorarium of Rs 100/- to two of the officials of my office who attended to the compilation and the typing of the manual, the charges being met out of the office contingencies. The work was done wholly out of ~~the~~ office hours in addition to the usual office duties.

I have the honor to be,

Sir,

Your most obedient servant.

Offg. Sanitary Commissioner.

192 7 4[illegible]

From

THE SANITARY COMMISSIONER IN MYSORE, BANGALORE.

To

The Rev. Secretary to
the Government of Mysor
Bangalore.

Dated 3 . 5 .

Despatched 3 5 21

Received

GEN & REV. S[illegible]

General No. C524-5

4 - MAY 19[illegible]

No.

Enclosure No. Nil

SUBJECT.

Requesting sanction to the grant of an honorarium of Rs.100/- for the preparation and typing of the Public Health Manual.

CHIEF SECRETARIAT
III
PROTECTION BRANCH.
4 MAY 1921

G. R. S. V1—G/32]

SUBJECT.....

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Diary No. of letter replied to.....

General and Revenue Secretariat
( )
, *the* .191 .

Date of issue 21/7/22

Signed by W D C S

Section San
File No. 6-11
Serial No.

No. L 632
Encl one bottle.

To

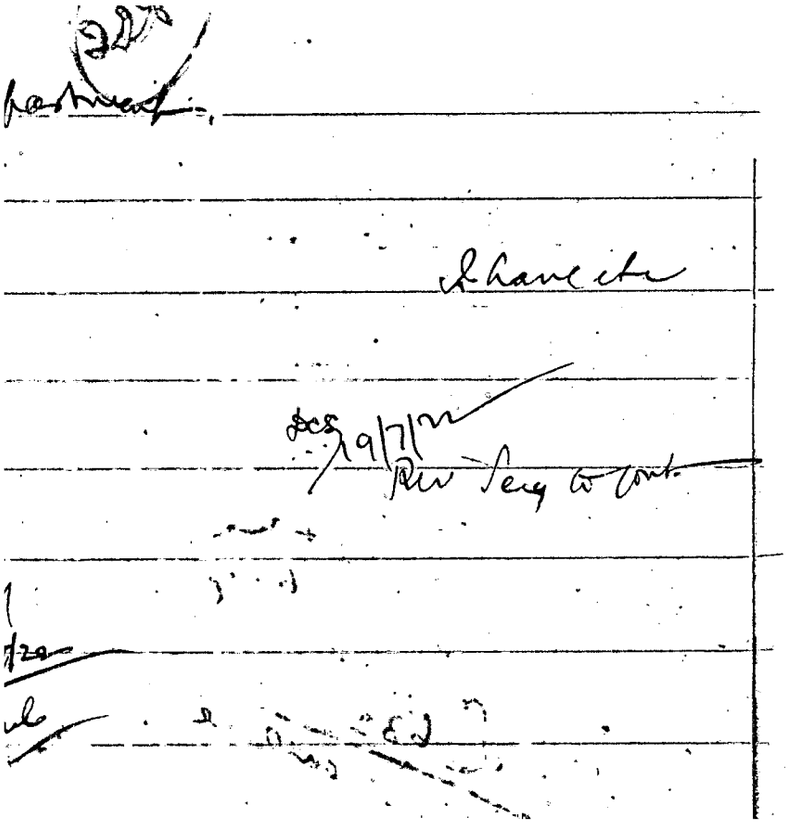
The Sanitary Commissioner

Sir

In returning herewith the draft manual of the Public Health Dept received with your letter no C527-5 of 3.5.1921, I am directed to request you to be so good as to resubmit the same after making it up-to-date in the light of the Govt no. no L 7567-82/San 5 - 1 of 26-6-1922 ordering certain retrenchments in the Sanitary

over.

Dept



List of enclosures.

Copied by

Examined by

D.O. No. C 36-2

L 4 27 2

MAR 1923
LOCAL SELF GOVT.
BRANCH.

OFFICE OF THE
SANITARY COMMISSIONER WITH THE GOVERNMENT OF MYSORE

Bangalore, 26th Feb. 1923.

Dear Sir,

With reference to your D.O. No. L.5921 dated the 19th February 1923 regarding the Public Health Manual, I beg to say that so far, we have reached no finality yet in the matter of both the organization and the working of the Department. It is, I believe, for this reason that it was not found possible to introduce the manual, although the question has been engaging attention since 1910. At present, the most important portion of the manual Viz. that relating to the sanitary procedure in districts, will neces sarily have to be in an incomplete form as the new appointments of Chief Sanitary Inspectors are tentative and as it takes some time for their work to fall into an established groove. Under the circumstances I propose that, in case you see no objection, you will kindly move Government to be pleased to defer the compilation and issue of the manual till July 1924.

Yours sincerely,

To

T.E.Jeyaram Iyer, Esq., B.A., B.L.,
Secretary to Government,
Revenue Department, Bangalore.

G. R. S. VI—G/32]

SUBJECT.....

.....

.....

Diary No. of letter replied to 447

General and Revenue Secretariat

( )

, the *191* .

Date of issue 6/11/23

Signed by

Section Sanitation

File No. 6-11

Serial No.

No. L 6903

To The Sanitary Commissioner

Sir,

With reference to your ~~D.O.~~ letter No C 36-2 of 26/28th Feb 1923, proposing that an compilation & issue of the Public Health manual be indefinitely deferred till July 1924, I am directed to state ~~that action on the question of the compilation of this manual has been under consideration since [illegible] and no manual has been~~

over.

281

~~ned so far as~~ much inconvenience
felt for want of a departmental
manual, I consider that
a compilation showing the situation
as at present should be prepared &
issued at once, a supplement being issued later on
~~subsequently~~, if necessary. I am
accordingly to request you to
be so good as to submit at an early
date a draft manual
~~for the Secretary~~ for the approval of
Govt.

I have &c

U. S. Grant
Brig Gen
Chief of Engrs

List of enclosures.

1881
Letters

Copied by

Examined by

4141

DEPARTMENT IF PUBLIC HEALTH IN MYSORE.

No. C 36-4
Enc.

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore, dated the 31st May 1923.

2- JUN 1923

L 6206-4

From

B. MAHOMED USMON, ESQ.,L.M.& S.,
Offg. Sanitary Commissioner in Mysore,
B A N G A L O R E.

To

T. E. JEYARAM IYER, ESQ., B.A.,B.L.,
Secretary to the Government of Mysore,
Revenue Department, B A N G A L O R E.

Sir,

With reference to the correspondence ending with your letter No. L.6903/San. 6-11- dated the 6th April 1923 regarding the revision of the draft Public Health Manual, I have the honor to state that draft rules pertaining to the duties of Chief Sanitary Inspectors and Vaccinators have been submitted to Government for approval with this office Nos. C.564 and 565 dated the 18th April 1923. As soon as the rules are approved by Government, they will be incorporated in the Manual and the final revised draft submitted as expeditiously as possible.

I have the honor to be,

Sir,

Your most obedient servant,

Offg. Sanitary Commissioner.

WD 02785—GPB— 79,000—25-2-17—S.

191

From

To

Date

Despatched

Received

General No.

No.

Enclosure No.

(253

SUBJECT .....

.....

.....

Diary No. of letter replied to 6206 Gen

Section San
File No. 6-11
Serial No. 11

General and Revenue Secretariat
( )
, the 192 .

No. 49944

Date of issue 8/1/24

To
The Sanitary Commissioner

Signed by .....

Sir,

With reference to your letter no C.36-4 dated 31st May 1923 regarding the revision of the draft Public Health manual, I am directed to state that the rules relating to the duties of Chief Sanitary Inspectors issued with Govt order no L 2584-93/San 52-22-4 G 5.10.23 and that those relating to the

over

Direction

WD 0632-GPB—18500—16-8 23

Enclosed file.

Encl
3/1

(934)

direction & suspension of vaccination in rural areas were issued vide G.O. No. Lr 3810-59/Sani 7-22-4 dt 21.4.1923. I am accordingly to request you to be so good as to incorporate them in the draft manual & submit the same at an early date for the approval of Govt.

I have the

14.12.23 Secy to Govt

HPK

12/12/23

List of enclosures.

Copied by

Examined by